PERIODICALS R. R.

THE CANADIAN NURSE

L'Infirmière canadienne

LUME 54 • NUMBER 12
MONTREAL
ECEMBER 1958

A
Merry Christmas
and
A
Happy New Year

CAROLLERS AT M.G.H.

(Photo by Gerry Lemay, Sherbrooke, Que.)

NEW YORK UNIVERSITY
DEC 15'58
GENERAL UNIVERSITY LIBRARY

OWNED AND PUBLISHED BY
THE CANADIAN NURSES' ASSOCIATION

presenting THE COACHMAN

Softly draped coachman style uniform with double breasted front and charming coachman collar to be worn open or closed. The gently pleated skirt features two deep pockets. The perfect combination of easy styling and professional good looks.

WHITE SISTER

HEAVY LUXURY WEIGHT TERYLENE TAFFETA
Style P8043—Short sleeves—sizes 8-20
to retail **about $15.98**
Style P8043T—same as above in TALL sizes 10-20

WASH AND WEAR COMBED POPLIN
Style PC8043—short sleeves—sizes 8-20
to retail **about $10.98**
Style PC8043T—same as above in TALL sizes 12-20

This is a "PREFERRED" uniform by White Sister **featured at fine stores throughout Canada**

NOW... the finest Meat Dinners **in sparkling glass**

FROM SWIFT—WHO BROUGHT YOU THE FINEST IN 100% MEATS FOR BABIES!

Swift—meat specialists and pioneers in working with doctors to make meats available in baby foods—now bring you 5 new Meat Dinners ... in sparkling glass. Swift's Meats for Babies—always the most complete line—is now more complete than ever! These 5 new Meat Dinners have the same smooth texture, are prepared from the same fine, lean meats used in Swift's 100% Meats for Babies. Just the right amount of fresh vegetables and cereal have been included to make them *balanced* dinners.

With the 5 new varieties of Meat Dinners, the 13 varieties of 100% Meats (including 3 fruit-flavoured ones), plus Egg Yolks, and Egg Yolks & Bacon, you can recommend whatever meat best suits each baby's nutritional requirements with the knowledge that *every* meat is available in Swift's complete line of Meats for Babies.

(If Swift's new Meat Dinners are not in your area yet, they will be very soon.)

CNJ

FOR YOUR CONVENIENCE, HERE IS A LIST OF ALL SWIFT'S MEATS FOR BABIES. (Most are also available in chopped form for older babies.)

Beef • Lamb • Pork • Veal • Chicken • Chicken & Veal • Ham • Liver • Liver & Bacon • Beef Heart • Pork with Applesauce • Ham with Raisin Sauce • Lamb with Mint flavour • Egg Yolks • Egg Yolks & Bacon

Beef Dinners • Chicken Dinners • Veal Dinners • Lamb Dinners • Ham Dinners

Swift

To Serve Your Family Better

THE CANADIAN NURSE

L'Infirmière canadienne

VOLUME 54 **NUMBER 12**

DECEMBER 1958

1084 BETWEEN OURSELVES

1086 NEW PRODUCTS

1093 WORDS

1094 OR WHAT'S A HEAVEN FOR?.....*F. M. Salter*

1103 A CHRISTMAS STORY.....*Kathleen McNamara*

1105 REACTIONS TO BLOOD TRANSFUSIONS...*Abraham Levitz*

1107 CLINICAL TRIAL OF A NEW DRUG IN OBSTINATE CONSTIPATION.....*B. Jackson*

1110 EDUCATION IN TEACHERS' COLLEGES.....*Isabelle E. Langstaff*

1112 MÉDECINE DU TRAVAIL

1115 RESEARCH INTO BETTER PATIENT CARE.....*Sr. Décary & J. Ouimet*

1119 THE WORK OF THE CHURCH NURSE.....*Beth Dale*

1121 MULTIPLE SCLEROSIS WITH URINARY TRACT INFECTION.....*Marie Huggett*

1125 NURSING PROFILES

1128 IN MEMORIAM

1128 DR. MARION HILLIARD—A TRIBUTE.....*Edna E. Levelton*

1130 NURSING ACROSS THE NATION

1132 LE NURSING À TRAVERS LE PAYS

1138 I WENT TO A SMALL HOSPITAL.....*Rita M. Ball*

1140 BOOK REVIEWS

1148 NEWS NOTES

1154 EMPLOYMENT OPPORTUNITIES

The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of THE CANADIAN NURSE *nor of the Canadian Nurses' Association.*

Editor and Business Manager
MARGARET E. KERR, M.A., R.N.

Assistant Editor
JEAN E. MacGREGOR, B.N., R.N.

Subscription Rates: Canada & Bermuda: 6 months $1.75; one year, $3.00; two years, $5.00.
Student nurses — one year, $2.00; three years, $5.00. U.S.A. & foreign: one year, $3.50; two years, $6.00.
In combination with the *American Journal of Nursing* or *Nursing Outlook:* one year, $7.00.
Single copies, 35 cents.
Make cheque and money orders payable to The Canadian Nurse
Change of address: Four weeks' notice and the *old* address as well as the new are necessary.
Not responsible for Journals lost in mail due to errors in address.
Authorized as Second-Class Mail, Post Office Department, Ottawa.
Advertising Representatives: W. F. L. Edwards & Co. Ltd., 34 King St. E., Toronto 1, Ont.
Walter Slack, 801 Public Ledger Building. Philadelphia 6, Pa.
Member of Canadian Circulations Audit Board.

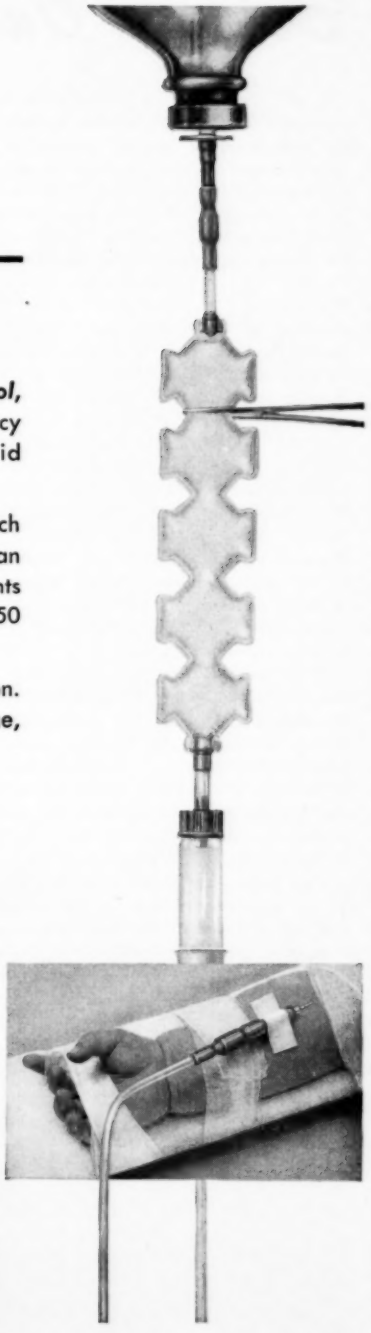
1522 Sherbrooke Street West, Montreal 25, Quebec

Segmented Safety—

A new concept in pediatric dosage control, the PEDATROL unit assures greater accuracy and maximum safety in parenteral fluid administration.

The complete unit holds 50 ml. of fluid, each segment containing 10 ml. Volume of fluid can be clamped off at any point between segments to permit dosage variations from 10 ml. to 50 ml., in increments of 10 ml.

PEDATROL does not require constant supervision. Simply clamp hemostat at prescribed volume, and prepare for infusion.



R36 PEDATROL

This modern, work-saving controlled volume unit for pediatric application is another PLEXITRON® product . . . safe, sterile, non-pyrogenic . . . for use with a glass housing blood or solution administration set.

BAXTER LABORATORIES OF CANADA, LTD.
Alliston, Ontario

Distributed in Canada exclusively by
INGRAM & BELL LIMITED
TORONTO
MONTREAL · WINNIPEG · EDMONTON · CALGARY · VANCOUVER

Between Ourselves

From 1906 until his death some seven years ago, **Dr. Albert Ernest Archer** was the mainspring of medical practice in and around Lamont, Alta., a small community approximately 45 miles east of Edmonton. In his memory, the Lamont Public Hospital which had been built in 1911, largely through his efforts, was renamed the Archer Memorial Hospital. To perpetuate the memory of this pioneer physician and surgeon, whose activities in his chosen field reached far beyond the boundaries of his own community or province, his daughter, Mrs. Margaret Archer Buchanan, established the A. E. Archer Memorial Lecture.

It was stipulated that this lecture should be given primarily to the students in the school of nursing of the Archer Memorial Hospital, the graduates and friends of the hospital being invited to attend. It was hoped that these annual lectures would bring to the students something far beyond the realm of nursing — something that they might not otherwise get during the course of their training.

It is our privilege to share with you this month the lecture which **Professor F. M. Salter** delivered. His preliminary remarks, which are not included here, emphasized the "greatness" of Dr. Archer. Mr. Salter then proceeded to define the qualities that identify greatness in a man and used his profound understanding of the works of William Shakespeare to illustrate his points.

This paper has nothing to do with the art or the science of nursing. But we believe that you will find it very interesting reading from the purely cultural point of view. In the hurry and bustle of Christmas preparations you probably will not have time to do more than glance at it just now. We suggest you put it aside for one of the cold, blustery evenings next month when you could not be persuaded to step outside your own snug quarters. Then you can read and enjoy the story of a

brave new world
That has such people in't.
The Tempest, Act V Sc.I line 183

* * *

Last month a far-reaching development in the activities of *The Canadian Nurse* took place. The members of the Association of Nurses of the Province of Quebec were asked to vote upon the question that the nurses in each of the other nine provinces had already decided — whether or not they approved an increase in their annual membership fees to include the subscription to their own Journal. They did, joy be!

The situation in Quebec differs, as everyone knows, from that of every other province. There are many nurses in all parts of Canada whose first choice for reading material might be French rather than the English in which our *Journal* has been printed for nearly 54 years. The majority of those nurses, however, have a good reading knowledge of English as well, so have been able to peruse, without effort, the wide variety of editorial material that has been provided. In Quebec, approximately two-thirds of the membership is French-speaking with only a small percentage of them able to derive any benefit from articles in English.

This has obviously been an unsatisfactory arrangement since all of those French-speaking members have an equal right to claim their own national nursing journal in the language of their choice. This will all be changed beginning next June. From that date onward *L'Infirmière canadienne* will carry essentially the same editorial copy in each issue as does *The Canadian Nurse*. To illustrate how the new magazine will look, a limited edition of a 40-page special souvenir issue was distributed to those attending the A.N.P.Q. convention in November. The copy for that special issue was a translation of a few of the articles that have appeared in the English edition, either in November or a very recent issue. We regret that there are no copies available for others who might be interested.

When we go into regular production of the two issues each month, we will need the advice of all those subscribers, anywhere, who may prefer to receive the French edition. In other words, the readership of *L'Infirmière canadienne* is not restricted to Quebec but is to be available to any subscriber in place of *The Canadian Nurse*. But when the time comes, *you* must let us know.

Impropriety is the soul of wit. — *Somerset Maugham*

Opportunities for

Registered Nurses

in the

RCAF

New experiences and new fields for nursing in Canada and abroad are open to Registered Nurses who enrol in the RCAF.

Duties of RCAF Nursing Sisters include clinical and operating room supervision, staff positions, instruction of medical assistants, general public health work on RCAF stations, flight nursing and possibly para-rescue nursing.

Accepted applicants are granted a 3 or 5 year short service commission and receive Regular Force officer rates of pay, with an allowance for officers' uniforms and nursing uniforms. Food, living accommodation, 30 days' annual leave with pay plus travelling time and other important benefits are provided.

Opportunities for Nursing Sisters are limited, so act now. If you are a Registered Nurse (two years' graduate experience preferred), under 35 years of age, a British subject and single, you are eligible to apply.

Further information can be obtained without obligation from your nearest RCAF Recruiting Unit or:

DIRECTOR OF PERSONNEL MANNING,
RCAF HEADQUARTERS,
OTTAWA

ROYAL CANADIAN AIR FORCE

New Products

Edited by DEAN F. N. HUGHES

PUBLISHED THROUGH COURTESY OF *Canadian Pharmaceutical Journal*

ACID CLOAK CREME (pH 5.0)

Manufacturer—Dome Chemicals Inc., **Can. Dist.:** Professional Sales Corporation, Montreal.

Description—A lubricating, moisturizing water-washable creme of buffered aluminum acetate which restores and maintains normal acidity of the skin.

Indications—Housewife eczema, soap-abused hands.

Administration—Apply locally to the skin as often as required, particularly after wet work.

ALENTERYL

Manufacturer—Herdt & Charton Inc., Montreal.

Description—Each sugar-coated tablet contains: Iodochloroxyquinoline 0.25 gr., adsorbent charcoal 0.15 gr.

Indications—Enteritis, dysentery, colitis, diarrhea.

Administration—One or 2 tablets 3 times a day taken after meals or according to physician's orders.

CHROMADREN

Manufacturer—Intra Medical Products Ltd., Toronto.

Description—Pure mono-semicarbazone of adrenochrome.

Indications—In the prevention and treatment of all types of capillary hemorrhages; pre-operatively in reconstructive surgery, operations on adhesions, prostatectomy, G.-U. tract.

Administration—In surgery: one ampoule of 1 cc. intramuscularly 15 minutes before operation, with further injections every 4 hours for period during which bleeding or oozing may be expected.

For postoperative period, 2 to 6 sublingual tablets per 24 hour period.

Existing hemorrhages require 1 to 3 ampoules or 2 to 6 sublingual tablets within a 24 hour period.

SOYALOID COLLOID BATH (pH 5.75)

Manufacturer—Dome Chemicals Inc., **Can. Dist.:** Professional Sales Corporation, Montreal.

Description—Contains colloidal soy bean complex and 2% PVP (polyvinylpyrrolidone). Provides a protein-mantle, soothing bath for generalized acute dermatitis.

Indications—Allergic dermatitis, pruritus, contact dermatitis, infant rashes, neurodermatitis, urticaria, bath itch, pruritus vulvae et ani, penicillin rashes, senile pruritus, and other non-specific, generalized skin conditions.

Administration—Colloid bath — contents of one package to a tub of warm water.

Infant bath — 2 or 3 tablespoonfuls to bathinette.

Sitz-, foot-or hand-bath — 2 or 3 tablespoonfuls to each gallon of warm water.

Local irritation — Use as lotion: 2 heaping tablespoonfuls to a cup of warm water.

TERTROXIN

Manufacturer—Glaxo (Canada) Ltd., Toronto.

Description—Tablets of l-triiodothyronine sodium, 20 mcg. and 5 mcg.

Indications—Treatment of hypothyroid states. Induces a rapid response without cumulative effect.

Administration—10 to 20 mcg. per day, initially, gradually increasing to 80 to 100 mcg.

VARIDASE BUCCAL TABLETS

Manufacturer—Lederle Laboratories, Montreal 16.

Description—A purified and concentrated combination of enzymes produced by a strain of streptococcus. Streptokinase acts indirectly by activating a fibrinolytic enzyme in human serum that acts upon a substrate of fibrin or fibrinogen. Streptodornase liquefies the viscous nucleoprotein of dead cells or pus but has no effect on living cells.

Indication—For adjunctive use in the management of edema associated with infection or trauma in such conditions as thrombophlebitis, cellulitis, abscesses, sinusitis, uveitis, hematoma, leg ulcer, chronic bronchitis and chronic bronchiectasis.

Also indicated for the control of edema in certain dental conditions such as extractions involving excessive trauma.

Administration—Usual dose is 1 tablet 4 times daily placed in the cheek or under the tongue and dissolved slowly.

In most cases treatment should continue for about 5 days. Results are usually apparent in 24 to 48 hours. However, in certain resistant chronic cases the dose should be increased to 2 tablets 4 times daily and given for several weeks or longer.

The patient should be instructed to swallow as little as possible to permit absorption through the mucous membrane of the mouth.

Tablet should not be chewed or swallowed whole.

The Journal *presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.*

McMASTER UNIVERSITY
School of Nursing
1957-1958

I DEGREE COURSE IN BASIC NURSING (B.Sc.N.)

A Four-Calendar-Year Course designed to prepare students for all branches of community and hospital nursing practice and leading to the degree, Bachelor of Science in Nursing (B.Sc.N.). It includes studies in the humanities, basic sciences and nursing. Bursaries, loans and scholarships are available.

II DEGREE COURSE IN SCIENCE TEACHING FOR GRADUATE NURSES (B.Ed.N.)

A Two-Year Course designed to prepare graduate nurses to teach basic sciences in schools of nursing and leading to the degree, Bachelor of Education in Nursing (B.Ed.N.). It includes studies in the humanities, the physical, social and biological sciences, teaching and nursing education. *Bursaries of Six Hundred Dollars each are offered in both years of this Course.*

For additional information, write to:

School of Nursing,
McMaster University, Hamilton, Ontario.

A technique for restoring the normal heart beat if it falters — originally developed for use in open-heart surgery — is now being applied without opening the chest. The technique involves introducing a fine wire directly onto the surface of the heart muscle to overcome "heart block."

When used with surgical patients, the wire is attached to a surgical needle and passed through the heart muscle, where it is held in place by several silk stitches. One end of the wire is then connected to a small electrical wave generator outside the body. The circuit is completed by another wire connected to a small plate electrode under the skin in the chest wall. Mild stimulation can then be given to restore the heart beat if it becomes disrupted, with the electrical current carried by the wire acting as a substitute for the heart's own "pacemaker."

When the wire is used with patients not undergoing surgery, a long hollow needle is passed through the chest and brought to the heart wall. The wire is then threaded through the hollow needle and pushed into the heart muscle by a sudden quick thrust. It is then connected up as in the surgery cases.

The use of this technique has brought about a remarkable reduction in death from heart block and has been the single most important contribution to the rapidly decreasing mortality of open-heart surgery.

Use of the implanted electrode in long-continued, non-surgical cases of heart block is somewhat less effective than when it is used during surgery for heart block of short duration. This is because gradual formation of scar tissue around the wire decreases its efficiency, requiring its replacement after a period of months.

— American Heart Association

* * *

Never use cleaning fluids containing carbon tetrachloride in a room unless windows and doors are open. Never use this chemical after drinking beer — the results could be fatal.

* * *

The Eye Bank of Canada, established in 1956, has so far provided more than 100 corneal tissue transplants. This is only a small proportion of the estimated 1,500 people in Canada who have need of this type of surgery.

COURSES
FOR
GRADUATE NURSES

In various clinical fields, beginning December 15, 1958, March 9, June 1, and August 24, 1959.

Room, meals, laundering of uniforms, and stipend provided.

Apply to:

DIRECTOR,
COOK COUNTY SCHOOL OF NURSING,
DEPT. C., 1900 WEST POLK ST.,
CHICAGO 12, ILLINOIS

MONTREAL NEUROLOGICAL INSTITUTE McGILL UNIVERSITY

GRADUATE COURSE
in
NEUROLOGICAL AND NEUROSURGICAL NURSING AND OPERATING ROOM TECHNIQUE

Classes: Feb. 1 & Oct. 1

One half staff salary is paid during course. Students may live in or out.

For information apply:

MISS E. C. FLANAGAN, B.A., R.N.
Director of Nursing,
3801 University St.
Montreal, Que.

WILLS EYE HOSPITAL
Philadelphia, Penna.

The largest eye hospital in the United States, offers a six-month course in ***Nursing Care of the Eye*** to *Graduates of Accredited Nursing Schools.* Operating Room Training is scheduled in the course.

- $180 PER MONTH & MAINTENANCE is provided for first four months. For the next two months compensation is $190 & maintenance.
- REGISTRATION FEE is $20
- Course starts **March 15 & September 15.** Ophthalmic Nurses in great demand for hospital eye departments, operating rooms & ophthalmologists' offices.

For information write to:

Director of Nurses,
Wills Eye Hospital,
1601 Spring Garden Street,
Philadelphia 30, Penna.

THE WINNIPEG GENERAL HOSPITAL

Offers to qualified **Registered Graduate Nurses** the following opportunities for advanced preparation:

1. A six month *Clinical Course* in *Obstetrics.*
2. A six month *Clinical Course* in *Operating Room Principles and Advanced Practice.*

These courses commence in JANUARY and SEPTEMBER of each year. Maintenance is provided. A reasonable stipend is given after the first month. Enrolment is limited to a maximum of six students in each course.

For further information please write to:

DIRECTOR OF NURSING
GENERAL HOSPITAL
WINNIPEG, MANITOBA

THE JOHNS HOPKINS HOSPITAL

SCHOOL of NURSING

Offers to qualified Registered Nurses a 16-week supplementary course in

OPERATIVE ASEPTIC TECHNIC

with instruction and practice in the general surgical, neurosurgical, plastic orthopedic, gynecologic, ophthalmologic, urologic and ear, nose and throat operating room services. Maintenance and stipend are provided.

For information write to:

Director, School of Nursing
The Johns Hopkins Hospital
Baltimore 5, Maryland, U.S.A.

THE MOUNTAIN SANATORIUM

HAMILTON, ONTARIO

TWO-MONTH
POSTGRADUATE COURSE
IN THE IMMUNOLOGY,
PREVENTION & TREATMENT
OF TUBERCULOSIS

This course is especially valuable to those contemplating Public Health, Industrial, or Tuberculosis Nursing.

For further information apply to:

Director of Nursing,
Mountain Sanatorium
Hamilton, Ontario.

PSYCHIATRIC COURSE

for

REGISTERED NURSES

THE NOVA SCOTIA HOSPITAL offers to qualified Registered Nurses a six-month certificate course in *Psychiatric Nursing*.

- Classes in March and September.
- Remuneration.
- Preference given to Nova Scotia applicants.

For further information apply to:

Superintendent of Nurses
Nova Scotia Hospital
Drawer 350
Dartmouth, Nova Scotia

NOVA SCOTIA SANATORIUM

KENTVILLE **N.S.**

Offers to Graduate Nurses a Six-Month Course in ***Tuberculosis Nursing***, including Immunology, Prevention, Medical & Surgical Treatment.

1. Full series of lectures by Medical and Surgical staff.
2. Demonstrations and Clinics.
3. Experience in Thoracic Operating Room and Postoperative Unit.
4. Full maintenance, salary & all staff privileges.
5. Classes start May 1st and November 1st.

For information apply to:

SUPT. OF NURSES, NOVA SCOTIA SANATORIUM, KENTVILLE, N.S.

WORLD HEALTH ORGANIZATION REQUIRES A NURSE EDUCATOR TO TEACH WARD ADMINISTRATION AND CLINICAL TEACHING IN SINGAPORE

Salary range: $6,000 - $8,000 (net of tax) per annum.

Applications should be made in writing, to:

PERSONNEL OFFICER
THE WORLD HEALTH ORGANIZATION
PALAIS DES NATIONS
GENEVA, SWITZERLAND.

Envelopes should be marked NURAD. Only candidates seriously considered for appointment will receive replies.

A COURSE IN

ADVANCED OPERATING ROOM TECHNIQUE AND MANAGEMENT

is offered by

THE MONTREAL GENERAL HOSPITAL

to

Qualified registered nurses.

Classes of 6 months' duration are admitted *September* and *March* and are limited to 6 students.

For further information write to:

THE DIRECTOR OF NURSING,
THE MONTREAL GENERAL HOSPITAL,
MONTREAL 25, QUE.

The New York Polyclinic

MEDICAL SCHOOL AND HOSPITAL • Organized 1881

The Pioneer Postgraduate Medical Institution in America

We announce the following Courses (Six Months Duration) for Qualified Graduate Nurses:

N. 1. Operating Room Management and Technic

N. 2. Medical-Surgical Nursing—Supervising and Teaching

N. 3. Organization and Management of Out-Patient Department

(Clinics in all branches of Medicine, Surgery—and Allied Specialties)

Courses include lectures by the Faculty of the Medical School and Nursing School; principles of teaching; principles of supervision, teaching and management of the specialty selected.

Positions available to graduates of these courses.

Full maintenance is provided

For information address:

Director of Nursing Education, 345 W. 50th St., New York 19, N.Y.

ROYAL VICTORIA HOSPITAL

SCHOOL OF NURSING

MONTREAL, QUEBEC.

Postgraduate Courses

1. (a) Six month clinical course in Obstetrical Nursing.

   Classes — September and February.

   (b) Two month clinical course in Gynecological Nursing.

   Classes following the six month course in Obstetrical Nursing.

   (c) Eight week course in Care of the Premature Infant.

---

2. Six month course in Operating Room Technique and Management.

   Classes — September and March.

---

3. Six month course in Theory and Practice in Psychiatric Nursing.

   Classes — September and March.

Complete maintenance or living-out allowance is provided for the full course.

Salary — a generous allowance for the last half of the course.

Graduate nurses must be registered and in good standing in their own Provinces.

For information and details of the courses, apply to:—

Miss H. M. Lamont, B.N.
Director of Nursing,
Royal Victoria Hospital,
Montreal, P.Q.

If you are discriminating and fond of a good uniform, then you will enjoy wearing —

BLAND'S TAILORED UNIFORMS

They're always 'regulation' and always in superb taste. —

No. 1602
"No-press" percale
Imported Irish Poplin

Made and sold only by —

BLAND & COMPANY
2048 Union Ave., Montreal, Canada

for sugar-restricted dieters . . .

all the sweetness they want

. . . with non-caloric

Sucaryl®

(CYCLAMATE, ABBOTT)

GREATER VARIETY of fully sweetened foods can be included in sugar-restricted diets with the use of SUCARYL, because this new non-caloric sweetener can be used in all cooking, baking, canning and freezing processes without losing its sugar-like sweetness. Patients like it, too, because there is no bitter or metallic aftertaste in ordinary use. SUCARYL is available at all pharmacies in both tablet and solution forms, including a calcium solution for use in low-salt diets. Recipe booklets for distribution to dieting patients may be obtained by writing:

Abbott

ABBOTT LABORATORIES LTD.,
MONTREAL

THE CANADIAN NURSE

L'Infirmière canadienne

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 54 NUMBER 12

MONTREAL, DECEMBER 1958

Words

AN ANCIENT PROVERB tells us that "one picture is worth a thousand words." Though there is undoubted truth in that saying, few of us have sufficient talent that we can depict our thoughts, our aspirations, our explanations in the form of a picture. Each of us, however, has endless opportunities to paint our thoughts in words. To adequately interpret our profession, to describe "nursing" as we observe and practise the art, calls for words as well as action.

Communication, the ability to use words to transmit and receive specific ideas, is probably one of the most important relationships between people. In order to communicate, therefore, we must learn how to express our own thoughts so that they will be understood and also how to understand ideas expressed by others. All of this entails an intelligent interest in words — good, strong, working words.

The use of any words, excepting pure gibberish, implies that there is some meaning that we in using them understand. We use abstract nouns like democracy, duty, responsibility, love, loneliness, hatred as if they had the same general meaning to everyone. Yet, close attention would disclose a wide variety of interpretations even among reasonably well educated people. The differences are multiplied many thousandfold as we use more words, talk to more people.

At this season of the year, as 1958 ebbs to its close, the most frequently heard words are "Merry Christmas," or "Compliments of the Season." Every child has some idea of what the first words mean. What do *you* understand by the second? That is a typical example of how we may cloud our meaning unthinkingly.

So that there will be no misunderstanding of our meaning, no hidden nuances that might confuse, all of us at the Journal office say

Merry Christmas to all of you

Or What's a Heaven For?

F. M. Salter

What are the qualities in men which make them great? It is sometimes said the circumstances outside man's control, select individuals to occupy the role of greatness. What happens, this theory suggests, is that the hour names the man. If he responds, seizes time by the forelock, greatness is his. "There is a tide in the affairs of men which, taken at the flood, leads on to fortune." But when we consider one of the greatest men of our day, Sir Winston Churchill, must we not say that the man was more important to his greatness than the tide? His active life covered 60 years. Is there any period of 60 years in the history of Britain which would not have afforded him an opportunity for leadership, an occasion to use his kindling power of words? Or, to say it otherwise, when opportunity came to Churchill, did not the same opportunity confront other men?

Similarly, it is said that Shakespeare arrived at a time when the new art form of drama had been long prepared, when the stage and the audience were ready. He was only a creature of the moment. But the moment was there for others; and a score of dramatists did what they could with it in free competition. Of them all, Shakespeare alone made the occasion his — not for a moment, but for all time.

The world envies greatness. You and I envy greatness. And envy, in natures that are less balanced or more extreme, expresses itself in defamation, in denigration, or in muck-raking. It is a mild form of envy which says, "The man was not really great; he just happened to be there at the right time." The implication is that if any one of us had been there at that time, we would have been equally great. The fact is that greatness is not accidental. It grows from within. Browning has said, "Incentives come from the soul's self," and Tennyson adds:

> Self-reverence, self-knowledge, self-control:
>
> These three alone lead life to sovereign power.

Greatness is not even miraculous, except as nearly everything in life may be called miraculous; it is a perfectly normal and natural growth. But I believe it is worth our while to question, though in a more pedestrian way than Tennyson's, what qualities in man, or what endowments lead them on to greatness.

Many persons speak as if greatness and genius were the same thing. Is the great man a genius, or the genius a great man? I do not believe so. I speak out of the limited experience of a teacher. Genius has sat in my classes perhaps half a dozen times — and the experience has been invariably heart-breaking. Indeed, so far as my griefs would warrant a general rule, genius in this world never pays off. The trouble with genius is that things come to it too easily. Genius does not have to work. The students who do give a good account of themselves in later life are the good second-raters, men who have to sweat things out. I think you will find that the great of the world are persons of moderate intelligence — the Lincolns, the Churchills, the Florence Nightingales: slaves to their convictions and to their jobs. Over and over again, the great man is the stone that the builders rejected — and rejected rightly, for at the time of rejection he did not have the qualities of greatness which he later developed.

I have already partly answered the question with which I began. I propose to continue the discussion with materials taken largely from the work of the one great man whom I have known best: William Shakespeare.

Professor Salter, of the University of Alberta, delivered this address at Lamont, Alta. It was the Archer Memorial Lecture for 1956, honoring the late Albert Ernest Archer, O.B.E., M.B., F.R.C.S., LL.B. Dr. Archer was a pioneer physician in Alberta. (See *The Canadian Nurse*, Vol. 50: No. 1 p. 63-5.)

First of all, then, the great man is a man of *moderate intelligence,* a perfectly ordinary man such as those who crowd our streets, work in offices and factories, attend schools and colleges, listen to radio and TV, and go to church on Sundays. Or, to give an example, we have plays from the pen of Shakespeare entitled *The Comedy of Errors* and *Titus Andronicus.* If not wholly bad, these are very ordinary plays, the product of a talent that can be called, at best, mediocre.

Let me give you an example of workmanship. In the *Comedy of Errors* old Aegeon has been searching the world for his lost twin sons, both named Antipholus. Shakespeare wants to have people who know one of the twins to address the other by name. Herein we have a measure of his talent at that time. One of Aegeon's twins was lost in infancy, 33 years before. The second left home seven years ago to search for him. Now Aegeon is searching for them both. He has come to the city of Ephesus, and since Ephesus is at war with his native city of Syracuse, he is promptly arrested and sentenced to death unless he can pay a ransom of one hundred marks. This sum is beyond his resources and he is led off to die. The procession is interrupted by a woman who screams for justice, and who cries to the Duke, "May it please your Grace, Antipholus, my husband . . ." What does Aegeon say? He has been searching for several years for two boys named Antipholus — and that name is distinctive. It is not as if the woman spoke of her husband, Tom or Bill. What does Aegeon say? What would *you* say? There you stand, the rope already around your neck.

Aegeon says nothing! For 60 lines he is silent. In the meantime one of the twins enters. He also appeals to the Duke, who stands beside Aegeon. Aegeon is silent for another 93 lines. When he does speak, he says to himself, "Unless the fear of death doth make me dote, I see my son Antipholus and Dromio." Dromio is the servant who left home with Antipholus. After this remark, Aegeon lapses again into silence for another 87 lines. Why? Not because he is in any way "true to life" but because Shakespeare does not know how to handle the situation. You or I could write better drama than that.

It would be easy to pick out a dozen such examples of bad workmanship from Shakespeare's early plays. What he wrote 20 years later is as different as craftsmanship is from "doing it yourself."

What I am suggesting is that the first element which leads a man to greatness is not genius, but *hard work.* Consider for a moment the full accomplishment of Shakespeare. He made his living as an actor on the stage. Other men made their living as actors, and had no time left over for writing plays. He held a quarter share in the Globe theatre, and apparently he not only acted in plays, but produced them. These business activities must have seriously reduced his leisure. In addition, during a period of 22 years he wrote 36 plays, two book-length poems, *Venus and Adonis* and *The Rape of Lucrece,* and 150 sonnets. He may have written other plays which have not come down to us.

It is hard to see many holidays in his life. What one does see is a burning enthusiasm for the theatre, a self-inspiring conviction that the game is worth the candle, and a long-enduring, nobly sustained, conscientious regimen of hard work. You will find this conscientious, long-enduring effort, supported by a firm conviction that the work is worth doing, in the careers of all great men.

The second element of greatness is one which denigrators of greatness always sneer at — *simple virtue.* Nevertheless, greatness in my opinion is both simple and good. Greatness is also modest in personal tastes and desires. True greatness does not express itself in the lavish rock castles of a Hitler, the self-awarded medals of a Goering, or the harem of a Mussolini. You will find it in the quiet simplicity of an Aristotle, a Lincoln, or an Einstein.

We do not know as much about Shakespeare personally as we should like to know; but the one adjective that his friends always applied to him was "gentle." In Elizabethan usage the word implies all that becomes a gentleman. For further evidence as to his character Miss Carolyn F. S. Spurgeon's *Shakespeare's Imagery and*

What it Tells us is most revealing. The idea behind her book is this: that Shakespeare ascribed to his characters speeches suitable to their roles and natures, but such imagery as these speeches employ must derive from his own experience. Some strictures have been made upon Miss Spurgeon's work, but the underlying principle has been universally accepted.

She finds that the dominating personal interests of Shakespeare were such things as bowling on the green and gardening. Once we have become aware of these interests, we find them everywhere in his work. "Thus the bowl should run, and not unluckily against the bias!" (*Taming of the Shrew,* IV, v, 24-5) exclaims Petruchio when things go well in his campaign to tame the shrew. The bowls used for lawn bowling are not perfectly round, but have less than the full half sphere on one side. They are in this way biassed so that when properly delivered they run in a long, smooth curve. When a bowler forgets and bowls with the wrong bias, the result is a grotesque picture of tumbling, ludicrous misfortune. That awkward, stumbling, wobbling course of the bowl, running against the bias, represents marriage when one is married to a shrew. The happy marriage should be the long, smooth, gentle run that brings us safely home.

Many other lines in Shakespeare draw their effectiveness from bowling imagery, but there is one speech everybody knows:

> Ay, there's the rub:
> For in that sleep of death, what dreams may come,
> When we have shuffled off this mortal coil,
> Must give us pause.

Hamlet, III, i, 65-8

The rub is simply an obstruction or impediment on the green, one which "gives pause" to the bowl and interrupts its smooth run.

Gardening imagery also appears everywhere in Shakespeare. "The ripest fruit first falls, and so doth he" (*Richard II,* II, i, 153-5,) exclaims the heartless adolescent, Richard II, when informed of the death of his uncle, John of Gaunt. The Archbishop of Canterbury, trying to account for the reform of madcap Hal into the glorious Henry V. remarks,

> The strawberry grows underneath the nettle,
> And wholesome berries thrive and ripen best
> Neighbour'd by fruit of baser quality.

Henry V, I, i, 60-2

There is a whole scene of gardeners in *Richard II,* which describes the true management of a kingdom in terms of gardening techniques. It ends with the tenderness of the gardener who has just been speaking with the unhappy Queen:

> Here did she fall a tear, here in this place
> I'll set a bank of rue, sour herb or grace.

Richard II, III, iv, 105-6

Everyone will remember the demented Ophelia distributing flowers in court:

> There's rosemary, that's for remembrance; pray, love, remember; and there is pansies, that's for thoughts . . . There's fennel for you, and columbines; there's rue for you, and here's some for me; we may call it herb o'grace o' Sundays. O, you must wear your rue with a difference. There's a daisy! I would give you some violets, but they wither'd when my father died.

Hamlet, IV, vi, 175-85

We may remember also the pathetic death of Ophelia when she came "with fantastic garlands, Of crow-flowers, nettles, daisies, and long purples," and "Fell into the weeping brook." And in one of the most beautiful scenes in all Shakespeare, Perdita also distributes flowers:

> Give me those flowers there, Dorcas, Reverend sirs,
> For you there's rosemary and rue; these keep
> Seeming and savour all the winter long.
> . . . . . .
> Sir, the year growing ancient,
> Not yet on summer's death, nor on the birth
> Of trembling winter, the fairest flowers o' th' season
> Are our carnations and streak'd gilly-flowers.
> . . . . . .
> Here's flowers for you:
> Hot lavender, mints, savory, marjoram;
> The marigold that goes to bed wi' th' sun
> And with him rises weeping. These are flowers
> Of middle summer, and I think they are given

To men of middle age. You're very welcome.

. . . . . .

Now, my fair'st friend,
I would I had some flowers o' th' spring that might
Become your time of day; and yours, and yours,
That wear upon your virgin branches yet
Your maidenhoods growing. O Prosperina,
For the flowers now that frighted thou let'st fall
From Dis's wagon! Daffodils
That come before the swallow dares, and take
The winds of March with beauty; violets dim,
But sweeter than the lids of Juno's eyes
Or Cytherea's Breath; pale primroses,
That die unmarried, ere they can behold
Bright Phoebus in his strenght — a malady
Most incident to maids; bold oxlips and
The crown imperial; lilies of all kinds,
The flower de luce being one! O, these I lack
To make you garlands of, and my sweet friend,
To strew him o'er and o'er!

Winter's Tale, IV, iv, 72ff.

There is a quiet comment here whose significance, so far as I know, no scholar has noticed. The "pale-primrose-malady" suggests anemia. You will remember that the word *maid* could refer to the young of both sexes; a maid was a child who had not reached youth. Shakespeare's only son, Hamnet, died at the age of 13. The most reticent of writers, Shakespeare never obtrudes upon us his personal affairs. Nevertheless, we know that he shared the common lot of man, and I think you will detect a sigh behind these lines:

> pale primroses
> That die unmarried, ere they can behold
> Bright Phoebus in his strength — a malady
> Most incident to maids.

These lines were written 15 years after the death of Hamnet. Still waters run deep!

If Shakespeare were a man of simple tastes who did well in the busy world of London and was able to retire at the age of 48 to the village of Stratford and cultivate that garden where you may still see representatives of the flowers he loved, he was also a good man, a man of simple virtue. When I speak of goodness, I mean only what we all mean when we think of good neighbors and worthy friends. I do not speak in the sense of any sectarian or philosophical definition of virtue; all that I mean is that any of us would be glad to have a man like Shakespeare living next door.

But I will call upon a sectarian to express a part of what I mean. The Rev. George Gilfillan, a Church of England cleric of a hundred years ago, wrote:

> When I name purity as another quality of this poet, I may be thought paradoxical. And yet, when I remember his period, his circumstances, the polluted atmosphere which he breathed; when I compare his writings with many of our modern authors; and when I remember that his writings never seek to corrupt the imagination, to shake the principles, or to influence the passions of men, I marvel how thoroughly his genius has saved him, harmless, amid formidable difficulties, and say, that Marina, in his own *Pericles*, did not come forth more triumphantly scatheless, than does her poet . . . The moonlight is not contaminated by shining on a dunghill, and neither is the genius of Shakespeare by touching transiently, on its way to higher regions, upon low, loathsome, or uncertain themes. His language is sometimes coarse, being that of his age; his spirit, belonging to no age . . . is always clean, healthy, and beautiful.

A Gallery of Literary Portraits, p. 192.

This brave defence of Shakespeare's purity does credit to the divine who wrote it, but I think he is barking up the wrong tree. The point is this: we have no right to ask the artist to paint pictures true to life, as we invariably do, and at the same time restrict his colors. We cannot ask him to teach us moral lessons, and at the same time deny him the use of contrast. It is perfectly true that Juliet's nurse is coarse and common; but against that background Juliet shines forth as the very symbol of purity. The child-like innocence of Desdemona would be impossible to present, or meaningless in itself, if we did not have vulgarity of Emilia to set it off. In the earliest plays of Shakespeare

there may be some vulgarity which exists for its own sake, or for its momentary appeal to the audience, but long before he reached the midpoint of his career he shook off all filth and coarseness which failed to serve an artistic purpose. Strip the artist altogether of that color, and you cannot ask from his pen the overwhelming tragedy of *Lear*, the powerful poignancy of *Othello*, or the world-beloved figure of Prince Hamlet.

Shakespeare's words, to repeat Gilfillan's remark, "never seek to corrupt the imagination, to shake the principles, or to influence the passions of men." From beginning to end, his writing is in the highest sense moral. It is, of course, a by-word that all tragedy must be moral — or, as Aristotle has said, it should exercise a cathartic or purgative or cleansing effect upon the audience, operating upon our minds and hearts through pity and terror. To simplify, when we have beheld the tragedy of Macbeth, a very great man who came to a shameful end because of wicked ambition, the terror of the scene and the pity for Macbeth which it inspires should make *us* less likely to fall victims to our own wicked inclinations. To all of Shakespeare's tragedies we may give a clean bill of health — except to *Titus Andronicus*, the first one. In that play the author made a mistake; he mistook "pity and terror" for pity and horror. We have seen or heard of motion pictures which make the same mistake; horror pictures which have no cleansing or cathartic effect upon us, but offer only an ugly and brutalizing thrill.

If Shakespeare's tragedies never seek to debase the imagination, but adhere to the true purpose of tragedy, his comedies are remarkable in that they also enforce a moral lesson. The earliest comedy, *The Comedy of Errors*, is an adaptation of two plays by the Latin writer, Plautus. When we look at the source plays, we find that Shakespeare has been at pains to clean up the material which in Plautus is vulgar enough. But even more noticeable is the fact that at the end of his comedy Shakespeare goes out of his way to drag in a sermon from the Abbess on the proper conduct of husbands and wives. Of this play the Rev. Edward Dowden has written:

> The old man Aegeon stands before us doomed to death; and presently a play, like the flashing across and to and fro of dragon-flies, distracts our attention, but the human sorrow and affliction cannot wholly pass from view; before the close it must give place to some consolation. This is not the spirit in which mere farce is written. Plautus is in fact too light for Shakespeare.

Shakespeare himself, in *Hamlet*, refers to Plautus as "too light." One need not agree with Bowden's exaggerated estimate of the value of *The Comedy of Errors* to realize that his statement contains a profound truth. Shakespeare never again used Plautus as source; and in the entire canon of his work there is no mere farce. Even in his brightest and gayest work there is always a background or an edge of serious things; and the great lesson we may learn from all his comedies together is that "our life is a mingled yarn, good and ill together."

Now if Shakespeare were not a good man, it would be impossible for him — or else an absolutely unexampled hypocrisy — to walk with so firm and sure a step through 36 five-act plays and never once fail to bring in the moral values, never once after the first two or three plays indulge even in incidental vulgarity for its own sake. In this respect his work can challenge comparison with that of any dramatist of his own or any age.

Further, Shakespeare is able to represent in his characters a quality rarely found in Literature, and not often in life, *magnanimity*. It appears early, in *A Midsummer Night's Dream*. In this play the rude rustics have a little play to present before Duke Theseus. They are completely ridiculous. Any other dramatist would have been content with that, but not Shakespeare. Before the playlet begins, Queen Hippolyta objects, "They can do nothing in this kind." That is, these ignorant fellows cannot act, cannot perform a play, and the Court should not waste time listening to them. The great Duke replies:

> The kinder we, to give them thanks for nothing.
> Our sport shall to be take what they mistake;

And what poor duty cannot do, noble respect
Takes it in might, not merit.
Where I have come, great clerks have purposed
To greet me with premeditated welcomes;
Where I have seen them shiver and look pale,
Make periods in the midst of sentences,
Throttle their practis'd accent in their fears,
And in conclusion dumbly have broke off,
Not paying me a welcome. Trust me, sweet,
Out of this silence yet I pick'd a welcome;
And in the modesty of fearful duty
I read as much as from the rattling tongue
Of saucy and audacious eloquence.
Love, therefore, and tongue-tied simplicity
In least speak most, to my capacity.

A Midsummer Night's Dream, V, i, 89 ff.

There are many other examples. An excellent one is the great Queen Cleopatra who remarks of a willing servant, "When good will is show'd, though't come too short, the actor may plead pardon." (*Antony and Cleopatra*, II, v, 8-9) And again when the "rural fellow" brings her figs among which the poisonous asps are concealed, she exclaims, "What poor an instrument May do a noble deed! He brings me liberty" (V, ii, 235-6). We might almost say that Shakespeare's unique gift among literary men is his ability to portray true nobleness and magnanimity of character.

Yet, when we look at the furniture of Shakespeare's mind we do not find a profound thinker. His ideas are only such as we and our neighbors entertain day by day; but they are given such flawless expression that they seem new and strange. We have all felt it tragic, for example, that because of some misdemeanor or shame or crime, a man should no longer be able to carry on at his job; for to men in general the way in which they make their living is their life. Homes and families are accidental; but the work a man does is himself. Listen, then, to Othello:

O, now, forever
Farewell the tranquil mind! Farewell content!
Farewell the plumed troops and the big wars
That make ambition virtue! O, farewell!
Farewell the neighing steed and the shrill trump,
The spirit-stirring drum, th' ear-piercing fife,
The royal banner, and all quality,
Pride, pomp, and circumstance of glorious war!
And, O you mortal engines, whose rude throats
Th' immortal Jove's dread clamours counterfeit,
Farewell! Othello's occupation's gone!

Othello, III, iii, 347 ff.

The expression is beyond all praise, out the idea is only such as a lawyer might express when disbarred, a doctor when driven from his profession, or a carpenter no longer able to use his tools. The basic idea might have been expressed by any of our neighbors.

Or take another idea which recurs time after time in Shakespeare's work. It is the idea that we are all human beings. Have we not all said so times innumerable? Here Shakespeare says it:

Hath not a Jew eyes? Hath not a Jew hands, organs, dimensions, senses, affections, passions; fed with the same food, hurt with the same weapons, subject to the same diseases, heal'd by the same means, warm'd and cool'd by the same winter and summer as a Christian is? If you prick us, do we not bleed? If you tickle us, do we not laugh? If you you poison us, do we not die?

Merchant of Venice, III, i, 61 ff.

And Henry V, posing as a common soldier, adds a touch of humor or irony, but the idea of the common humanity of Prince and soldier remains:

I think the King is but a man, as I am. The violet smells to him as it does to me; the element (sun) shows to him as it doth to me; all his senses have but human conditions.

Henry V, IV, i, 105-8

This idea appears everywhere, over and over in Shakespeare's work; but it becomes profoundly moving when the great Queen Cleopatra, "descended of so many royal kings, that lass unparallel'd," is about to die and exclaims that she is "No more but e'en a woman, and commanded by such poor

passion as the maid that milks and does the meanest chores."

To clinch this issue of Shakespeare as a simple, virtuous man, I shall take his *tolerance*. If Sir John Falstaff walked into his room, we should all scramble out. Think of him, that ton of flesh, that hoary iniquity! He "lards the lean earth" as he walks. Lard, in the usage, refers to the alternating fat between the lean strips in a rasher of bacon. And yet Falstaff is perhaps the most universally beloved character in all literature. John Bailey is only one of many scholars who have tried to account for this amazing phenomenon. He says:

> What especially wins our love is that Falstaff at his most triumphant times, is triumphant at his own expense. If he did not know that he was a gross ton of flesh, a drunkard, a coward, and a liar, we should know it much more and love him much less. Here, as in religion, the way of confession is the way of forgiveness. And forgiveness is very near loving.

In Falstaff we get a glimpse of his author. In the entire history of English literature, there have been only two characters thoroughly disgusting in every respect, yet lovable. These are Chaucer's Wyf of Bath and Shakespeare's Falstaff. They are humorous creations, but the humor that goes into them is something far beyond the ordinary humor and fun of the world; it is humor rarefied, refined, and sublimated into a semi-divine tolerance with the world as it is and with things as they are, that can find sermons in stones, books in the running brooks, and good in everything. This is another reason for thinking that Shakespeare was a good man; good, that is, in no narrow, puristic, or canting sense; but good in the sense of kindliness, tolerance, charity and magnanimity, good in the sense of great-souled.

But the world is full of books and articles which assert that Shakespeare was *not* great-souled, that he was *not* virtuous, that he was, in fact, a very wicked man. What is the evidence? There is, first of all, the fact that his first children, the twins, Hamnet and Judith, were born six months after his marriage. But this matter was long ago cleared up by Edgar I. Fripp who studied hundreds of marriages in Warwickshire at the time. The point is that betrothal was legal and binding; and it legitimatized children. Religious ceremonies were somewhat expensive and were only of importance in cases where there might be difficulty about the inheritance of property. The obvious conclusion is that without children Shakespeare and Anne might have lived together until their deaths with the full respect and approval of their community; but that when Anne knew that she would have a child, Shakespeare went to the expense of formal marriage in hope of an heir to his estate. Fripp shows many cases in all classes of society exactly parallel. But there are envious persons in the world who prefer falsehood to truth.

The second piece of evidence is that Shakespeare left to his wife by will his "second best bed." That poor bed has been blown up into a whole life of wickedness.

By the time Shakespeare had retired, he was able to live comfortably as a country gentleman in the best house in the village of Stratford. He was visited there by old friends like Ben Jonson. There would, of course, be a guest chamber with special furniture set aside for such visitors, and that is where the best bed would be found. The second best bed was probably the bed in which Shakespeare and Anne Hathaway slept, the bed in which their children were born, and the bed in which Shakespeare himself died. The fact that he left nothing else to his wife by will means nothing. She would have come to him with a dowry which would be his for use and investment while he lived and which would return to her upon his death. There are many, many wills in the world which are silent about private arrangements made beforehand; and there is not a scrap of evidence that Anne Hathaway did not live happily with Shakespeare. Indeed, the old Sexton of Stratford Church, who remembered her, told Dowdall in 1693 that she "did earnestly desire to be laid in the same grave with him." She does lie beside him with a loving inscription from her daughter, Susanna.

I have said that greatness comes from hard work, but many people work hard to no purpose. There must also

be *self-criticism* and the *determination to improve one's powers.*

The greatest critic of Shakespeare who ever lived was Shakespeare. This thesis could be abundantly proved, but I shall take for material his struggles with the villain. One of Shakespeare's early villains is Shylock in *The Merchant of Venice.* Many people are surprised to learn that Shylock is not the Merchant, not the hero of the play, but in the trial scene Portia asks, "Which is the merchant here, and which the Jew?"

The Merchant of Venice belongs to a long line of literary works which deal with friendship. There are many pairs of friends in the Friendship tradition — such as Damon and Pythias, Titus and Gesippus, Orestes and Pylades. True friends are willing to share all they have, to die for each other, to be halves of one whole. In the typical Friendship story, the friendship is tested in various ways: by the pretended or unworthy friend, by the loss of wealth, or against the intrusion of sexual love. Shakespeare had already played with this theme in *The Two Gentlemen of Verona,* a play which the modern world misunderstands because, having been brought up on Hollywood romance, we cannot feel, as the Elizabethans did, that sexual love is a trivial matter as compared with the friendship of two men.

In *The Merchant of Venice* Shylock offers friendship to Antonio and Bassanio: "I would be friends with you and have your love." He is the villain who pretends friendship. At the end of the play Antonio is willing to die for Bassanio, and Bassanio is willing to die for Antonio. Their love meets the tests. It meets the test even of sexual love, for Portia and Bassanio both give precedence to friendship as more important than their love and wedding rites. So far, all is well: but Shylock escapes from his role as villain.

The villain must, of course, have a motive for villainy; but Shakespeare gives Shylock not a mere motive, but a completely unanswerable case against the Christians; and when he rises to that superb speech, "Hath not a Jew eyes?" which leaves the Jew-baiters who have been tormenting him completely silent, we have forgotten all about the Friendship theme and are listening to one of the great tragic figures of the world. It is a mistake that does credit to Shakespeare as the good man I have pictured him as being; but it is, from the point of view of dramatic workmanship, a mistake just the same. And the one person who recognized it as a mistake hundreds of years before modern critics puzzled in frustration over the play was William Shakespeare.

Very well: in future he must be careful not to enlist too much sympathy for the villain on the part of the audience — and, like the golfer trying to correct a hook, he slices on the other side! His next villain is so shadowy and so poorly motivated as to be completely featureless: it is Don John of *Much Ado About Nothing.* When that play first trod the boards, you may be sure there were furrows in the brow of William Shakespeare.

The next villain in the series is perhaps the greatest villain in all literature, Iago in *Othello.* He has motives enough! That is just the point: he has so many motives that none of them can be valid. For him Coleridge phrased the verdict which has been repeated with approval by every critic since. Iago, he says, exhibits "the motive hunting of a motiveless malignity." What Shakespeare has done in Iago is to arrest his moral development at that age when boys delight to pick the wings off flies — just to show the flies that they can. In other respects Iago is grown up: The result is superb dramatic portraiture, and a perfect villain.

In a dozen or a score of other ways Shakespeare shows constant technical improvement based upon anxious self-criticism. But is greatness a matter of perfected techniques alone? Browning neatly answers this question. In his *Andrea del Sarto* the faultless painter has come to the bitter realization that he is not an artist at all, but a low-pulsed, forthright craftsman. He looks at a painting by Raphael, and says:

> That arm is wrongly put — and there again —
> A fault to pardon is the drawing's lines:
> Its body, so to speak: its soul is right,
> He means right — that, a child may understand.
> Still, what an arm! And I could alter it.
> But all the play, the insight, and the stretch —

Out of me! Out of me.

The artist, according to Browning, is the man with the insight, the play, and the stretch, who tries to do, and insists upon doing, better than he can. His technique may be poor, his tools inferior, but compared with the merely fautless workman, he achieves greatness, greatness a child may understand.

What Browning calls stretch, I shall call *nerve*. It is a quality that is present in all greatness. Let me give you an example. Here is young Shakespeare. He learns in the Chronicles that Richard of Gloucester, later Richard III, murdered Henry VI and the son of Henry VI, Edward Prince of Wales. And then he discovers that Richard married Anne, the widow of that same Prince of Wales. That is to say, Richard married the widow of a man he had murdered, and the daughter-in-law of another man he had murdered. Any dramatist in his senses would leave that amazing fact alone. He would say, "Truth is stranger than fiction; fiction cannot possibly represent the extremes of fact." He might, if he was very nervy and courageous, *report* that his hero had married the widow and daughter-in-law of his victims. Not Shakespeare! He even stacks the cards against himself: he shows us the lady Anne following the coffin of her father-in-law, Henry VI, whose body has been taken from St. Paul's to be re-buried at Chertsey Monastery. And he shows us Richard stopping the funeral procession and making love to Anne beside the body she has been weeping over. At the end of the scene he has won her love! And a really good actor in the part could make the scene wholly convincing. For sheer nerve on the part of the dramatist, this episode, quite unnecessary to the play, is unparallelled in the history of drama.

That is, unparallelled except in Shakespeare's own work. Look at *Othello*. Racial prejudice was just as strong is Shakespeare's day as it has been since. And in the first scene of this play he shows a black man lovingly embracing a white wife. But he did not want his theatre wrecked — and it is a fact that this play has been performed in the deep South of the United States without causing the least disturbance. How is this amazing result achieved?

First of all, Shakespeare sends on stage two characters so vulgar and so low in mind and purpose that we instinctively revolt against them — and they defame Othello. What they dislike, we naturally admire. Then Othello appears. He stills a rowdy fracas at a word, "Put up your bright swords, or the dew will rust them." He is in perfect self-control, and he has power of command. The nobility of his character makes so strong an impression that we almost forget that he is black: he is the essence of all we normally praise. Only then, sure of the effect he has created in the minds of the audience, does Shakespeare permit Desdemona to appear and say, "But here's my husband." The man who wrote that scene knew what he was doing, he knew his own power over audiences, and he would have realized perfectly what we mean by a "calculated risk."

But his daring is even greater in the tremendous third scene of the third act of *Othello*. At the beginning of this scene, Othello is completely in love with his wife and supremely confident of her; at the end he has vowed to murder her. To crumble that rock in one scene requires more daring than most dramatists possess. Any other dramatist would have divided the scene into several, with lapses of time to assist the increasing fever of Othello's jealousy; but Shakespeare knew that the whole play depended upon the swiftness of the action. He took the risk, and he succeeded so convincingly and so supremely that the scene has never been questioned.

An even greater example of Shakespeare's daring is the first scene of *King Lear*. This scene rises at once to such a height of dramatic intensity that one would believe that no dramatist in his senses would permit it to stand. After that scene, one would say, the whole play must be an anti-climax, lesser in intensity, and therefore laughable. But Shakespeare sweeps up and up in this play to ever greater heights of dramatic power so that *King Lear* has often been called, the greatest play in the world.

The great man, in a word, is the man who is devoted to the labor where-

in he labors under the sun, and who does it conscientiously and well; he lives a simple, virtuous life; he has the nerve and the self-confidence to take a calculated risk; and while life and strength are his, he never stops growing. Such a life, finally, however the Communists may have turned against the cult of personality, should be an inspiration to us all. Granted quite ordinary endowments, greatness of some degree is within the reach of us all — and, while energy and health are ours, it is never too late to start. Nor is it ever too early. All of us know, in our heart of hearts, that "a man's reach should exceed his grasp," that we should consistently and continually strive to do better than we can. Otherwise, civilization and culture and democracy and all those other fine things we hear so much about, have no meaning. The future of man may depend upon many things. Not the least of these, if that future is to be happy, is an enthusiastic pursuit of greatness, genuine greatness, by the common man — and, if I may say so, by the common nurse, the Florence Nightingales of tomorrow.

A Christmas Story

KATHLEEN McNAMARA

Foreword: A Christmas story can be told by almost everyone for Christmas is a special time for remembering. Little incidents, almost forgotten, seem suddenly close and meaningful once again. And so it happened that a group of friends having an evening together at the Yuletide season were recalling such. This story was among them. It occurred in the early period of the writer's experience as a Victorian Order Nurse working with the Toronto Branch in a downtown district commonly known in those days as Cabbagetown.

The time of my story is Christmas, 1930, at a place in my district that I shall call Maple Lane. Except for those who may have lived there or those, like me, whose business caused them to go there, the name will mean nothing really, for the little street is no more. It now rests beneath the monument of Regent Park housing. Nothing in its physical structure was even worthy of a landmark. Before too long there will be none to remember that it ever existed. It is possible though that there is a mother somewhere, who at Christmas time each year will indeed recall her home there and Christmas, 1930. I hope life has been good to her.

Those were the grim days of the depression. One got very close to the people in the district. There was no glitter of camouflage — no cover-up. There was nothing to conceal. Place of residence was governed by finding shelter where the landlord would give possession on a fifteen-dollar welfare allowance every other month. Once a week, staples were issued from a central depot. Men who never before knew unemployment walked the street with a sack slung over their shoulder or wheeled a little cart — perhaps a broken down baby carriage which contained the weekly ration for the family. It never varied — beans, cocoa, rolled oats — week after week.

Maple Lane was hard hit but it was rich indeed in its kindly neighborliness. No one household had much but when any needed an article more than the one who possessed it, it was theirs to use. Should a family be preparing for a new baby (and there were several) the assembled supplies of the whole street produced the necessary equipment. A bit of tastier food — an electric light bulb; things undreamed of today as not being available were given up without question of sacrifice. The hardships of these wonderful people were truly heavy upon the shoulders of their VON nurse. Somehow though, it was they who gave strength and taught lessons that were to have lasting effect. One such came from the little mother of my story whose baby was born early

Christmas morning in 1930.

I was the confinement service nurse that Yuletide eve when the call from my own district was received. The family were known to me as I had visited them several times. The house was bare but always clean. Everything was ready for the baby's coming including that most important of all needs, an abundance of love. Although several neighbors shared ownership, no home delivery set-up was ever more complete in respect to essential supplies and careful preparation. The bed was made with sheets that were flour bags contributed by the corner grocer — bleached to a snowy whiteness and sewn together. An attractive little crib had been made from discarded packing boxes. In a small cupboard of similar construction I found the baby's layette. It was beautifully done by hand — finished with touches of embroidery. The material had come from salvaged portions of old flannelette sheets. Soft bits of worn underwear fashioned the little shirts.

Shortly after the church bells of nearby St. Paul's pealed the hour for midnight mass, the baby was born. I dressed him in the clothes his mother had made and placed him in her arms. The father stood beside them. In the stillness of that moment I felt very humble indeed for it seemed, like the shepherds of old, I was looking upon the face of Jesus and His mother, Mary in the person of that little baby and his mother. Later when I stepped out into the clear, cold night, the glorias of the angels were singing in my heart. It was "Christ-mas" day. Just a few hours before a small child had asked a question of me. "Nurse, will tomorrow be Christmas — really and truly?" I wondered too. Now I had the answer. In the words of a little poem I know, it was this:

Led by a star, a golden star,
The youngest star, and olden star,
Here the kings and the shepherds are
A-kneeling on the ground.
What did they come to the inn to see?
God in the Highest, and this is He.
A baby asleep on His mother's knee
And with her kisses crowned.
Now is the earth a dreary place
A troubled place, a weary place.
Peace has hidden her lovely face
And turned in tears away.
Yet, the sun, through the dark clouds, sees
Babies asleep on their mother's knees.
While there are love and home — and these —
There shall be Christmas Day.
— *Wartime Christmas* by Joyce Kilmer.

Journée d'Etude

"L'hygiène maternelle" tel était le thème d'une journée d'étude des infirmières du Service de santé de la ville de Montréal, tenue au Jardin botanique le 18 juin, 1958.

Des travaux, animés de films, furent présentés sur les sujets suivants:

a. L'infirmière: éducatrice et conseillère
b. Surveillance médicale et nursing
c. Nutrition et grossesse
d. Repos, exercices, confort et détente
e. Visites à domicile.

Un exhibit de brochures, affiches, tableaux et autre documentation suscita beaucoup d'intérêt.

L'hygiène maternelle tient une place prépondérante dans les services d'hygiène. Même si les taux de mortalité et de morbidité sont bas et décroissants, nous devons avoir pour idéal le maximum de santé pour la future mère et l'enfant qui naitra.

L'infirmière hygiéniste, consciente de ses responsabilités envers la société, doit avoir de la compétence, de la compréhension et des sentiments d'humanité. Son enseignement sera efficace en autant que ses connaissances seront à point et qu'elle saura les transmettre. Afin de mieux accomplir son travail, il est donc nécessaire que l'infirmière se retrempe périodiquement dans une atmosphère scientifique.

GERTRUDE DALLAIRE, B.Sc., M.A.,
Assistante infirmière en chef.

Reactions to Blood Transfusions

ABRAHAM LEVITZ, M.D.

REACTIONS to blood transfusions are complex and varied, and in this article I shall endeavor to make a simple review of the more familiar types. For the sake of orientation it is desirable to have some type of classification such as the following:

INCOMPATIBLE REACTIONS

Under these are classed reactions resulting from specific incompatibility of certain recipients to blood or plasma components.

1. *Hemolytic reactions*:

(a) Intravascular hemolysis of incompatible donor cells:

(i) Intergroup (ABO)

Etiology — Administration of group A, B or AB blood to group O recipient

group B or AB blood to group A recipient

group A or AB blood to group B recipient.

(ii) Intergroup (Rh)

Etiology — Administration of Rh positive blood to sensitized Rh negative patient.

(b) Intravascular hemolysis of recipient's cells:

Etiology — Administration of group O blood high in anti A or anti B agglutipins to A, B or AB recipient. This should be kept in mind and the term *universal donor* for O blood should probably not be used since it conveys an erroneous impression. There is no true universal donor.

Hemolytic reactions can also occur due to other reasons — (see below) — and the following applies for these types as well. Hemolytic reactions vary from inapparent hemolysis (which is not detected clinically) to hemoglobinuria and severe renal failure with death. The symptoms are well known and will not be discussed in great detail as they are easily referred to in standard texts on the subject. They are usually manifest immediately following the administration of small amounts of blood. The patient complains of fullness of the head, generalized tingling, lumbar pain and substernal oppression. Chills and elevation of temperature to 105° may occur. In the full-blown reaction death is a common result and when such reactions are recognized treatment should be instituted immediately. Practically all are prevented by careful techniques.

2. *Allergic reactions*: These are mainly due to the introduction of donor allergens or to passive transfer of donor hypersensitivity.

Types — Urticaria
Asthma
Angioneurotic edema and others

Urticaria is the usual reaction seen and is easily dealt with by stopping the blood administration or administering antihistamine or adrenalin.

The others are more serious but result in no harmful effects if dealt with promptly along lines just indicated.

Most of these reactions can be prevented by the use of fasting donors; avoiding donors who are "allergic"; administration of an antihistaminic drug with the blood and possibly by avoiding giving blood in which there is a milky or fatty plasma. (This is often indicative that the donor has eaten just prior to donating blood.)

3. *Nitritoid reactions*: These occur immediately following administration of blood and nothing can be done to prevent them. Symptoms resemble those of hemolytic reactions and therapy is symptomatic. Possibly existence of rare agglutinins or factors not detectable by usual methods of typing and crossmatching may account for these. Personally, I have never encountered such a reaction and mention it only for completeness.

ELEMENTS CONTAINED IN THE BLOOD

1. *Pyrogenic*: These are due to the introduction into the blood stream of foreign material (protein, dried blood,

Dr. Levitz, practises in St. John's, Newfoundland.

living or dead bacteria, bacterial metabolites, etc.). Exceedingly small amounts of pyrogenic substances will produce reactions. The manifestations of such reactions are usually slight fever and chills but can be more serious. Stopping or slowing of blood transfusion will usually control them. Generally it is a good rule to give a transfusion at the lowest rate necessary to obtain the desired therapeutic results and it will lessen the occurrence of these reactions. Most of them are prevented by the use of disposable equipment or by carefully following instructions for cleaning or sterilizing equipment.

2. *Embolic*: These are rare and of two types:

(a) *Those due to clots.* These are prevented by use of proper filters. Excessive refrigeration induces precipitation of fibrinogen and probably increases likelihood of its occurrence.

(b) *Those due to air.* Though rare, with the use during the past several years of positive pressure for giving infusions, the occurrence is more likely. Careful watching of infusions will prevent them.

3. *Vasomotor reactions*: Other than those caused by pyrogenic reactions these are manifest by flushing, redness of skin, headache, malaise. They are rare. Slowing of the blood controls them.

4. *Other reactions*: Mainly associated with the transfusion of large quantities of blood.

(a) *Citrate toxicity* — seen with massive transfusions and prevented by administration of calcium along with these infusions.

(b) *Potassium toxicity* — especially likely in massive transfusions and where over-age blood is used.

(c) *Hemosiderosis* — seen where massive infusions are used and due to iron deposition in the recipient's tissues. Apparently the iron of infused blood is not readily excreted.

5. *Transfer of infection*: This should be kept in mind, though strictly it is not a reaction. Malaria, syphilis or jaundice can be transferred to the recipient. Careful history taking and examination of donors in screening of them prevents the transfer of these infections to the recipient. Infections due to poor technique are obviously preventable.

Manner in which the Blood is Administered

1. *Hemolytic reactions*: Intravascular hemolysis of incompatible donor cells due to administration of:

(a) over-age blood

(b) blood stored at too high a temperature.

Transfusion of hemolyzed blood due to administration of blood showing hemolysis because of:

(a) poor technique in collection

(b) freezing.

2. *Cardiac overload*: Acute cardiac failure may occur due to giving an excessive amount of blood, or giving blood too quickly, especially in patients with heart disease. Prevention is the ideal, but if it occurs prompt treatment is necessary.

3. *Phlebitis and thrombotic phenomena*: These are due to vein trauma and too frequent use of the same vein. Phlebitis can be serious, but the latter merely results in loss of use of the vein.

4. *Tissue necrosis*: This may occur where there is a massive infusion of blood into the tissues. If there is a super-added infection it can be a serious complication. Fortunately, this type of reaction is rarely seen.

Ideally it can be seen that reactions to blood transfusions are usually preventable or, if they occur and are recognized, they can be treated successfully. Cooperation between the various groups involved in the preparation and administration of blood, and adequate supervision of these groups is necessary if we are to achieve this ideal.

Some hospitals are now using turkey breasts instead of the whole bird. It has been found that many patients do not like and will refuse the dark meat or will eat only small amounts. Forty to fifty patients can be served from one of the large, 10-12 pound breasts, with very little resultant waste. — *Hospitals*

Clinical Trial of a New Drug in Obstinate Constipation

B. Jackson

Introduction

The establishment of a regular, normal bowel movement in the aged and bedridden is often no easy task. This is particularly so when diseases of the central nervous system are superimposed. Therefore, when a new laxative "Dulcolax" was introduced, it was decided to assess its value in a controlled trial of the movements of such patients.

This drug, whose formula is bis-(pacetylonyphenyl)-2 pyridylmethane, is one of a group classed as contact laxatives. It is claimed that it acts directly on the colonic muscle to produce a normal peristalsis in the large intestine. It is available in 5 mgm. tablets or as a suppository. The recommended dose is 10 mgm. by mouth in the evening or a suppository in the morning.

Methods

The trial was carried out on eleven chronically ill female patients, all on one ward and all having obstinate constipation, requiring the regular use of laxatives, drugs or enemas or both. The underlying diseases are listed in Table I.

Table I

Name	No.	Age	Diseases	Control Medication
Mrs. D.	1	73	Weakness of the legs and spondylitis.	Senna pod, drams 2 h.s.
Mrs. H.	2	78	Parkinson's disease	Senna pod, drams 2 h.s.
Mrs. T.	3	98	Un-united femur	Daily saline enema
Mrs. A.	4	86	Hemiplegia, colostomy Chronic bronchitis	Senna pod, drams 2 h.s. enemas
Mrs. S.	5	30	Advanced Multiple Sclerosis, bedridden and tube fed.	Daily saline enemas
Miss C.	6	36	Advanced M.S. paraplegia. Up in chair, unable to feed herself.	½ oz. cascara, ½ oz. milk of magnesia, petrolatum
Mrs. K.	7	67	Diabetic. Left hemiplegia, up in chair and feeds herself.	Senna pod, drams 2 h.s.
Mrs. V.	8	78	Fracture left femur. Senile, up in chair.	Liquid petrolatum
Mrs. R.	9	36	Advanced M.S., paraplegia, bedridden has to be fed.	Senna pod, drams 2 h.s.
Miss N.	10	32	M.S. paraplegia, up in chair. Has to be fed.	Cascara, drams 2 h.s.
Miss L.	11	36	Post-polio	Mineral oil, oil enemas daily.

Mrs. Jackson is on the staff of the Winnipeg Municipal Hospitals.

Each patient had fourteen days on the new drug and the results were compared with those obtained over a fourteen-day control period during which the patient was given the laxative or the laxative combination routinely used for her. In eight of the patients, Dulcolax was given by mouth and three by suppositories.

The trials on all eleven patients were run concurrently over a four-week period but in six patients the control period preceded the test period with the new drug and in the other five, the control followed fourteen days on the drug.

The results were charted by the nursing staff who had been specially instructed to record the size and consistency of the stool together with the other comments as illustrated in Table II.

TABLE II

Observations Recorded

Name — Mrs. D. — No. 1.

	No. of Stools	
Day:	nil	
Evening:	1	Soft formed B.M. at h.s.
Night:	1	Large brown B.M. at 4:30 A.M.

Name — Miss N. — No. 10.

Day:	1	Large loose stool with mucus.
Evening:	nil	
Night:	nil	

From the daily records obtained in this manner the results were scored by an arbitrary system of marks so that they could be treated as quantitative data.

The scoring system used is shown in Table III in which the success ranges from a maximum of ten for normal bowel movement to a minimum of zero.

TABLE III

Scoring System

Kind	*Deduct*
1. Constipated stool	3 points
2. Watery or loose stool	3 points
3. Extra medication necessary	3 points
4. Mucus in stool	3 points
5. Small stool	1 point
6. Multiple stools	5 points

RESULTS

The daily score on each patient for the test and control periods were added and illustrated in Table IV. A comparison of results is shown in Table V. It may be seen from Table V that in seven patients, a better score was obtained during the Dulcolax period than during the control, but in three patients the reverse held. In one patient (No. 11) the trial was discontinued during the Dulcolax as she became very costive on the drug.

DISCUSSION

On Dulcolax, seven of eleven patients had improved bowel habits, it failed in some cases. However, there are other considerations which merit

TABLE IV

Daily Score over 14 days

May, 1958	1	2	3	4	5	6	7	8	9	10	11	12	13	14		
Mrs. D. No. 1	9	7	10	10	6	7	10	10	10	0	7	9	9	0	104	Ordinary Medication
	0	10	7	6	10	10	10	9	10	10	7	10	7	10	116	Dulcolax
Mrs. V. No. 8	0	0	7	10	10	0	10	10	10	0	10	9	10	0	86	Ordinary Medication
	10	10	9	9	10	10	9	0	10	9	10	0	9	10	113	Dulcolax

TABLE V

Case No.	Score Obtained on Ordinary Medication	Score Obtained on Dulcolax
No. 1.	104	116
No. 2.	35	78
No. 3.	111	69
No. 4.	125	113
No. 5.	113	117
No. 6.	27	59
No. 7.	111	107
No. 8.	86	113
No. 9.	48	113
No. 10.	77	107
No. 11.	Discontinued	

mention. In case No. 5 a daily suppository supplemented a daily enema.

As a result of oral Dulcolax therapy, the bowel movements tended to occur approximately at the same time of day so that the nursing care could be accomplished more or less at a fixed period.

The other finding that was noted was the time response to the suppository medication. This was unpredictable. We were not able to confirm the fifteen-minute response that some other workers had observed.

The chief disadvantage that was noted with this drug was the tendency for the bowel movements to be offensive. This was especially so in the patients on Levine tube feedings and was controlled by the simultaneous administration of Enpac three times a day in feedings.

Enpac is a preparation containing antibiotic-resistant strains of Lactobacillus acidophilous of human origin in vehicle providing the all-important growth factors necessary for these strains to become established and to multiply in the human intestine.

SUMMARY

A clinical trial of a new laxative Dulcolax in a group of female patients with chronic central nervous system diseases, based on a method of quantitative assessment, was carried out. The new drug improved the bowel habits of seven patients but failed to do so in four.

ACKNOWLEDGEMENTS

I am grateful to the staff doctors who suggested this investigation and encouraged me to complete it; to the director of nurses for her perusal of the paper and her permission to publish it; to the Geigy Pharmaceuticals for a supply of the drug; and to my nursing staff for their cooperation in maintaining careful records.

With the continuing trend toward increased schooling, the proportion of persons who have gone through high school or beyond is now markedly greater at the young adult ages than at the older ages. For example, two-thirds of the women now aged 20-24 have had that much education. By comparison, the proportion is two-fifths for women at ages 45-54 years and only a little over one-fifth for those past 66. By 1975, it is estimated that more than half of the adult population will have had at least full high school education and that almost 10 per cent will have received a college degree.

— Metropolitan Information Service

* * *

I am the inferior of any man whose rights I trample under foot. Men are not superior by reason of the accidents of race or color. They are superior who have the best heart — the best brain . . . The superior man . . . stands erect by bending above the fallen. He rises by lifting others.

—ROBERT GREEN INGERSOLL

Health Education in Teachers' Colleges

ISABELLE E. LANGSTAFF

ALTHOUGH health education programs have been an integral part of teacher-training colleges for several years, the degree of success in these programs is difficult to evaluate. It appears that health programs in some schools are well organized and functioning very effectively, while in other schools they are practically non-existent.

In assessing the program there are two phases which would seem to warrant special attention: The preparation of the student teacher; the follow-up program when the teachers enter service.

PREPARATION

With regard to the first phase, in the course in Health Education given in the Teachers' Colleges in Saskatchewan, an attempt is made to:

1. Develop positive attitudes towards health and healthful living with a view to emphasizing that the teacher's health and attitude towards health have a great influence on the success of the school health program. In general, the feelings of pupils towards any subject reflect directly the attitudes of their teacher. The teachers, therefore, should recognize the far-reaching effects of sound health teaching and practices.

2. Develop an understanding of the why, the what, and the how, of a functional school health program as an integral part of the total school program. Health activities can and should be interwoven with all phases of the total program. Examples of some opportunities to incorporate health activities might include: the practising of safety measures on the playground, cleanliness and sanitation in the classroom, or the relationship between rest, food and performance.

3. Develop a clear understanding of the ways by which the home, school and community (particularly health agencies) can be coordinated more effectively. While we all recognize that the primary responsibility for the health of the child rests with the parents, the school and community health agencies have a real function in supplementing their efforts.

ISABELLE E. LANGSTAFF

The course in health education is closely integrated with all other aspects of the total teacher-training program. This is made possible through regular staff meetings and conferences with individual staff members. The instructor in health education works closely with the instructor responsible for general methodology, the instructor in primary methods, the librarian and others. This provides an opportunity for better understanding of the specific programs and their relationship to the total program.

More specifically, there are certain aspects of the course which are given emphasis although they are not always presented in this sequence. They are, namely:

The School Health Program — The student teacher is introduced to the development, philosophy and planning of a school health program. The three basic areas of: health instruction, health services and healthful school

Miss Langstaff is in charge of the health education program at Saskatchewan Teachers College in Saskatoon.

living are highlighted to give some idea of the part which each offers to the total school program.

The Child — Since all efforts in the school should be devoted to the growth and development of the child, it is important for teachers to have an understanding of how youngsters grow and develop. Normal patterns for the school age child are presented, and some concepts of what to expect at various age levels are discussed.

If teachers are to fulfil their proper role it is also necessary that they recognize deviations from the normal. A section including the art of observing, characteristics of the normal well child, and some common deviations is presented as well as the conditions and method of referral to those better qualified to handle problems. This last matter is very important when we realize that the classroom teacher is not a health specialist, but one who recognizes deviations and knows how, when and where to refer special cases.

The Home — An attempt is made to establish concepts of the home, school and community as a team. Some ways by which this relationship may be strengthened are discussed.

The Community (Health Service) — This area encompasses all health services, particularly at the provincial level. Emphasis is given to available resources, consultants and community health problems.

Healthful School Living — In presenting this phase an attempt is made to point out the importance of creating the desired physical, emotional and social atmosphere in the classroom, as a practical illustration of the health program. Examples might include: organizing the school day, alternation of different types of work, discipline, extracurricular activities, the noon lunch program, classroom neatness. All these contribute to the health of the pupil.

Methodology — This section includes a detailed study of the Elementary School Curriculum Guide for Health and Physical Education with particular reference to the course of study. When the curriculum was revised in 1956, suggestions from parent and teacher groups, the Department of Public Health and many interested persons were included. Instruction is given in the following: The principles and methods relating specifically to health teaching, and the source and use of teaching aids and materials.

In preparation for the fall practice-teaching the student teachers observe a demonstration lesson in health given by the health instructor. Some students prepare a health unit for use in the spring practice teaching; all prepare a sample unit for use in their own schools the following year.

The Teacher — We believe that teachers with good health usually are more effective than those who have a low health level. Consequently, every effort is made, by good health supervision, to promote, maintain and protect the health of the students during the teacher-training period. All student teachers are required to have a complete medical examination prior to admission to the college. They are interviewed by the health instructor early in the term. During this interview the medical report is reviewed, specific health problems are discussed and arrangements are made for follow-up where required. In addition, instruction is given in personal hygiene, basic nutrition and the mental health of the teacher. Clinics are arranged for tuberculin testing and chest x-ray, vaccination against smallpox and poliomyelitis when necessary. This contact with real situations provides a most valuable learning experience in healthful living.

Follow-up

In a one-year training program the student teachers come in contact with a great many instructors and a great deal of subject matter. When they go out to their own schools they are faced with a challenging and perhaps bewildering situation. No one would claim that a one-year course would adequately prepare a teacher for this important role; hence the need for a follow-up program.

If teachers are to carry out a successful school health program they must have the cooperation of all individuals and groups concerned with the welfare of children. Functions of each must be defined and each must have a clear idea of what the other is trying to do.

More especifically, these include medical health officers, public health nurses, nutritionists, sanitary officers, parents, superintendents of schools — all these have a role to play.

In addition, attempts are being made by health instructors at the Teachers' College to promote better coordination of the several health services.

(1) A close liaison is maintained with the Division of Nursing Service of the Saskatchewan Department of Public Health. This provides a good opportunity for keeping instructors and public health officials informed of developments in both agencies.

(2) Regional health conferences are attended. This provides an opportunity to interpret the program in teachers' colleges and to discuss ways by which we can work more effectively; for example, in some health regions, priority is given to school visiting by public health nurses, nutritionists and sanitary officers, particularly in cases where the teacher is a new graduate who probably needs assistance and reassurance in setting up the health program.

(3) Participation at teachers' institutes. Public health nurses and other personnel from the Department of Public Health are frequently present at these institutes. Where teachers and health personnel come together to discuss mutual problems a splendid opportunity is afforded for strengthening interpersonal relations.

The foregoing is a rather general review of the health program in the Teachers' Colleges and of some of the efforts made to carry on a good health program in the schools. Much remains to be done. Good health is more than a textbook subject. Greater success may be achieved when all concerned with health coordinate their efforts. Constant evaluation of these efforts, while difficult, is very necessary.

Médecine du Travail

LA MÉDECINE du travail ne correspond plus à la conception qu'on s'en faisait il y a 50 ans. Elle a évolué sous l'influence de plusieurs facteurs qui tiennent, les uns à la place grandissante de l'industrie dans la vie économique, sociale et politique de la plupart des pays et aux changements introduits par la mécanisation dans les conditions d'existence et de travail des populations; les autres, au fait que c'est à la collectivité, comme on est venu à le reconnaitre de plus en plus, que revient le soin de protéger la santé et d'assurer le bien-être des individus. Au début du siècle, l'hygiène industrielle se préoccupait essentiellement des maladies professionnelles et des accidents du travail. De nos jours, la médecine du travail a pour objet la protection et l'amélioration de la santé des travailleurs de toutes catégories.

Examens médicaux, analyse des tâches et placement: Les examens médicaux dans l'industrie constituent un excellent moyen de contrôler et d'améliorer la santé des travailleurs et de la population en général. Tout en s'accordant à reconnaitre ce fait, on estime cependant qu'il faut se garder d'attribuer une importance exagérée aux examens en cours d'emploi. Leur utilité dépend de circonstances si diverses d'un pays à l'autre (fréquence particulièrement élevée de telle ou telle autre maladie, niveau d'hygiène de la population, développement et structure des services de la santé publique), qu'on ne saurait fixer de règle absolue quant à leur périodicité et aux éléments qui les composent. Pour n'en citer que deux exemples, le médecin du travail examine une fois par an tous les salariés de l'entreprise en France et seuls les travailleurs de moins de 20 ans et de plus de 50 ans en Norvège.

De la discussion sur les mérites et les inconvénients des diverses méthodes d'évaluation de la capacité de travail, il ressort qu'une bonne méthode doit pouvoir s'adapter avec souplesse aux conditions variées du travail industriel.

Extrait d'un article publié dans la Chronique de l'OMS, numéro de janvier 1956 sur les colloques tenus à Leyde et à Milan.

Une analyse fondée sur les aptitudes des candidats semble être la plus pratique à l'heure actuelle.

Le placement d'un ouvrier à un poste qu'il semble apte à remplir ne saurait reposer sur la seule évaluation de sa capacité de travail. Il faut s'assurer que le candidat envisagé pourra s'adapter à l'emploi. Les individus faisant preuve d'une grande stabilité affective semblent posséder une grande faculté d'adaptation au travail.

L'expérience prouve que le placement des travailleurs atteints d'une invalidité légère ne présente pas beaucoup de difficultés, surtout en période de pénurie de main-d'oeuvre. Pour les grands invalides, les analyses de tâche et les examens d'embauche revêtent une extrême importance. S'il est souvent malaisé de trouver un emploi aux personnes mentalement diminuées, les invalides, par suite d'accidents, à la condition d'être affectés à des postes leur convenant, ont un rendement égal à la main-d'oeuvre valide. En revanche, l'emploi de travailleurs souffrant de maladies chroniques (bronchite chronique, tuberculose, ulcères d'estomac), en élevant la moyenne de l'absentéisme d'une entreprise, peut gêner la production et augmenter la contribution patronale aux caisses d'assurance-maladie.

Absentéisme dans l'industrie: L'expérience générale montre que l'absentéisme dû aux maladies professionnelles ne représente habituellement qu'une très faible proportion de l'absentéisme total, et il semble que l'absentéisme soit plus faible dans les petites entreprises que dans les grandes.

On a fait remarquer que la situation du marché du travail, et notamment le recul du chômage, ont peut-être contribué à élever l'absentéisme dans l'industrie.

Le problème de l'absentéisme est loin d'être élucidé, aussi souhaite-t-on voir se poursuivre les recherches sur les causes d'absentéisme et entreprendre une étude comparée des variations de l'absentéisme observées dans chaque pays parmi des groupes de travailleurs ayant le même âge, la même profession et appartenant au même type d'industrie.

Santé mentale des travailleurs: La protection de la santé mentale des travailleurs, à laquelle en général on n'a voué que peu d'attention jusqu'ici, est appelée à devenir, l'un des plus importants problèmes de la médecine du travail. Pour assurer au mieux cette protection, il convient avant tout de satisfaire chez les travailleurs, trois de leurs besoins essentiels, définis comme suit:

1) le besoin de créer et de faire oeuvre utile,
2) le besoin de considération et
3) le besoin de sécurité.

Les principes de l'hygiène mentale seront appliqués avec plus de chance de succès dans la grande industrie si les groupes de travail ne dépassent 300-500 personnes et s'ils sont décentralisés et jouissent d'une certaine indépendance.

Il est reconnu également qu'en plus de facteurs économiques et sociaux, la santé mentale dans l'industrie dépend de l'adaptation de chacun à son métier et des relations humaines dans l'entreprise.

L'alcoolisme pose un grave problème dans l'industrie de certains pays. On s'est aussi demandé si le travail féminin, en désorganisant les familles, n'avait pas été néfaste pour la santé mentale d'une grande partie de la population. La présence de la femme au foyer constitue un important facteur de stabilité, mais il faut reconnaître que sans la main-d'oeuvre féminine, bien des pays ne pourraient conserver le niveau de vie qu'ils ont atteint.

Problème de la main-d'oeuvre âgée: L'emploi de la main-d'oeuvre âgée dépend non seulement de facteurs individuels, physiologiques et psychologiques, mais aussi, dans chaque pays, du marché du travail et de la situation démographique. Il conviendrait d'étudier les raisons pour lesquelles les travailleurs désirent continuer le travail après l'âge normal de la retraite. Selon l'expérience acquise en Irlande, les travailleurs prennent en général leur retraite si la pension est suffisante et lorsqu'ils envisagent de s'adonner soit à un travail rémunéré, soit à leur passe-temps favori.

Réadaptation des travailleurs physiquement diminués: La réussite de toute technique de réadaptation dépend du degré d'incapacité et de l'âge des invalides auxquels elle s'adresse. D'expérience, on peut affirmer que la réadaptation présente plus de difficultés passé

l'âge de 40 ans ou encore lorsque l'incapacité est due non pas à une maladie mais à un accident.

La réadaptation des invalides temporaires suscite de nombreuses difficultés et il n'est pas rare de voir les travailleurs, les employeurs et même les médecins y faire obstacle. Il convient de mieux informer les uns et les autres des avantages d'une remise au travail précoce : pour le travailleur, elle est préférable aux indemnités et au traitement prolongé parce qu'elle libère les frustrations naissantes et le maintient dans sa forme physique et morale ; du point de vue de l'employeur, elle allège sa contribution aux caisses d'invalidité et diminue l'absentéisme.

Sécurité des travailleurs : La fréquence des accidents dans l'industrie pose un problème de prévention. Cet prévention est un oeuvre collective à laquelle participent non seulement les ouvriers et la direction, mais aussi les médecins d'usine, les psychologues, les ingénieurs de la sécurité et les assistantes sociales.

Même si le facteur humain intervient pour une large part en tant que cause d'accident et appelle, en conséquence, une action appropriée, on a fait observer que les mesures préventives d'ordre technique ne doivent pas pour autant être négligées. L'organisation du travail en fonction de l'anatomie et de la physiologie humaines permet de réduire le nombre d'accidents. Les affiches constituent un moyen de prévention d'une utilité douteuse et plusieurs les jugent même néfastes.

La prévention des accidents comporte un aspect éducatif. Les principes généraux de la sécurité doivent être enseignés aux médecins et aux ingénieurs. L'éducation des travailleurs, et en particulier des nouveaux employés, donne de bon résultats.

Services médicaux des petites entreprises : Il y a peut-être avantage pour les petites entreprises de confier une partie des soins médicaux au médecin d'usine, ne fut-ce que pour maintenir l'ouvrier à son poste. La liaison entre le médecin d'usine et le praticien de médecine générale d'une part, et les services locaux de la santé publique d'autre part, revêt une importance particulière dans le cas des petites entreprises.

L'infirmière d'usine joue un grand rôle dans les services médicaux des petites entreprises et il importe de ne pas la surcharger de tâches administratives. Une enquête effectuée aux Etats-Unis dans 12 petits établissements industriels révèle que les infirmières d'usine consacrent 22 pour cent de leur temps à des travaux ne relevant pas de leur profession.

A bien des égards, les problèmes sanitaires sont différents dans les petites et les grandes entreprises. La fréquence des accidents est souvent plus élevée dans les petites industries dont les conditions d'hygiène demanderaient, en général, à être améliorées. Les névroses sont moins répandues en revanche dans les petites entreprises, les troubles nerveux et mentaux moins graves et le moral meilleur. En conséquence, l'absentéisme y est généralement plus faible. Cependant, les petites entreprises offrent, quant au reclassement et à la réadaptation, moins de possibilités de transfert.

Il y a intérêt à obtenir l'accord non seulement de la direction de l'entreprise mais aussi des syndicats en vue de l'établissement d'un service médical.

Des milliers de médecins consacrent aujourd'hui tout ou partie de leur temps à la médecine appliquée à l'industrie. De tous côtés, on propose d'étendre leur activité par des dispositions légales ; or, seul un certain nombre d'entre eux ont reçu à l'heure actuelle une formation appropriée. En outre, la plupart des praticiens de médecine générale comptent parmi leurs patients de nombreux travailleurs de l'industrie et du commerce. Dans ces conditions, si nous désirons protéger efficacement la santé des travailleurs et les soigner et, à cette fin, développer les services médicaux d'usine, il nous faut donner à chaque étudiant en médecine des connaissances, même sommaires, des effets qu'a le travail sur la santé. Nous devons offrir également aux médecins la possibilité non seulement de se perfectionner, mais de faire des études plus approfondies et de se consacrer à la recherche dans cette branche de la médecine.

Philosophy is the microscope of thought — *Victor Hugo*

RESEARCH

Research into Better Patient Care

SISTER MANCE DÉCARY, s.g.m., B.S. *and* JACQUELINE OUIMET, B.S.

RESEARCH into the administration of hospital nursing consists in scientific investigation of the work done by all categories of nursing staff, of the techniques employed, and of the problems connected with the care of patients.

The aim of this project was to prepare a plan which will make it possible to give better care to patients through maximum utilization of the knowledge and ability of each member of the professional and non-professional staff.

Among the various factors which have led us to believe in the necessity for a detailed study of the tasks of each category of nursing personnel are the following:

1. In view of the frequent changes in diagnostic and therapeutic techniques, as progress is made in medical science, the service becomes more and more complex. Physicians find themselves obliged to delegate part of their functions to qualified nurses and, as a result, these latter must entrust part of their duties to auxiliary staff.

2. The creation of numerous specialties.

3. The inadequacy of premises, which necessitates constant moving about and transfers, and thus increases the work of nursing staff.

4. Difficulties resulting from shortage of physical facilities, e.g. slowness of elevators, rotation of personnel, constant increase in office work, etc.

5. The considerable changes which have taken place in the organization of departments due to decentralization on the one hand and to centralization on the other. For example, whereas formerly all the work of a department was centralized under the authority of the head nurse today the same head nurse is required to coordinate with other services outside the department (Central Supply, Dressing Centre, Food Service, Maintenance Service, and even the Messenger Service).

A project on this scale could only be implemented with the approval of the hospital authorities, the generous assistance of the Ministry of Health of the Province of Quebec, and of the Research Division of the National Department of Health and Welfare in Ottawa. All the work has been done under the direction of Mr. J. W. Willard, director of the Research Division, Mr. Gordon Josie, chief of the Methods and Analyses Section, and Mr. Charles B. Walker of the same Division.

Before commencing the observations, a questionnaire was sent out, entitled: "Study of the Distribution of Nursing Tasks." We dispatched 950 questionnaires to all medical personnel — professional and non-professional — in the hospital. 549 were returned, with 165,000 replies to be codified.

On the recommendation of the authorities, we selected four women observers from our hospital staff so that subsequently they will be able to act as consultants. To them we added also a teacher from the Marguerite d'Youville Institute, an expert in edu-

---

This study was originally published in French in *The Canadian Nurse* of October, 1957. In response to numerous requests, it is reproduced in English. Sister Décary is director of nursing, Miss Ouimet, assistant director, at Notre-Dame Hospital, Montreal.

cation. These five observers were: Sisters Jeanne Forest and Annette Rose, and Misses J. Ouimet, E. Bernier and P. Roy.

At the beginning of August 1956, all members of the hospital staff were notified, by means of an official letter, of the commencement of our survey. The details were explained at general meetings.

After a year of preparation we finally reached the period of observation. From August 27, 1956 to September 8, 1956, from 7:30 a.m.-7:30 p.m., 400 periods of half-an-hour each were observed in 14 nursing units, excluding the clinics, operating theatre and central service. Persons in eight personnel categories were observed:

head nurses and assistant head nurses	130	periods
graduate nurses	40	"
student nurses	110	"
nursing auxiliaries	20	"
nursing aides	30	"
receptionists	40	"
orderlies	30	"

Each observer covered a total of 80 periods of observation at the rate of 7-10 per day, timing activities by means of a stop watch. The details entered were: activity engaged in, its nature, the person observed, the place, the procedures and material employed, the time devoted to each act.

More than 300 persons participated in the study with evident enthusiasm and in a spirit of frank collaboration. Sixty-seven analyses will emerge from this study and the results will serve as a guide for us in the organization of teamwork. The analysis of the various tasks will help us:

to utilize individual abilities to the maximum in the redistribution of work;
to define the respective positions of professional and non-professional staff;
to study simplified and standardized work methods;
to work out methods of training personnel on the basis of a clearly defined program.

For the analysis of the 460,000 items of our reports we found it necessary to adopt a card system as recommended by our consultants. The transcription was a task calling for the utmost care and unflagging perseverance. It was possible to proceed to analysis and evaluation of the data and, finally, to the drawing of conclusions.

In view of the fact that three members of our nursing staff took a course in nursing at Teacher's College, Columbia University, New York, for the purpose of studying teamwork and assisting us in our reorganization, it was possible for us to commence the organization of the teamwork. Detailed individual instruction in this method of work was given in three nursing units, and a collective summing-up course was given to about 350 persons at six separate sessions. The results to date are satisfactory.

We also decided to make detailed observations, for one week, of 139 patients in the medical service who received, in 24 hours, an average of 13.51 medicaments and treatments, excluding personal care and feeding:

255 liquid medications
644 medications in pills
38 intravenous injections
125 intramuscular injections
137 blood pressure readings
46 solutions
4 transfusions
6 lumbar punctures and paracenteses
29 aerosols
25 oxygen administrations
18 aspirations
26 radiographies
28 urine analyses
57 quantitative analyses
318 temperature readings
12 dressings
12 lavages
14 catheterizations
22 suppositories
21 patients weighed
31 miscellaneous treatments

Similar studies carried out in the United States showed that a minimum of 3.4 and a maximum of 8.1 medicaments and treatments are administered to patients during 24 hours. In the light of these facts we decided, on completion of our research, to submit this report to a meeting of the Joint Committee on Nursing composed of physicians and nurses. It was then unanimously decided to recommend the setting-up of a temporary committee to study the possibility of reducing treatments and simplifying certain routine practices in the care of patients.

The Executive Committee of the Medical Bureau approved this recommendation and appointed the phy-

sicians forming part of the Joint Committee on Nursing to carry out the study. At a subsequent meeting it was decided to ask the assistance of the Committee for the Study of Techniques and Practices which is composed of the Director of Nursing, the coordinator of Studies, the director of nursing education, supervisors, nursing sisters and teachers. After long and thorough study the following suggestions were made:

1. *Blood pressure*: It was unanimously recognized that blood pressure verification is requested more frequently by interns than by physicians; as often as 4 times a day, every hour, even every 10 minutes; and that physicians often forget to cancel or to change the order. It was felt that the 10-minute blood pressure verification demands the services of a special nurse. It was suggested that for blood pressure taken every hour a limit of 4-6 hours should be fixed, and that if a head of service finds a patient in a condition requiring the taking of the blood pressure every hour day and night, the intern should assume the responsibility.

2. *Temperature*: It was suggested that it might be possible to omit the morning temperature routine except in the case of patients suffering from hyperthermia. The temperature could be taken twice on the first day of hospitalization and subsequently once a day except in case of hyperthermia or of a special order by the physician. With regard to temperatures to be taken every two or four hours, could the order not be reviewed after 48 hours?

3. *Aerosols*: This treatment is very long and is prescribed for three or four times a day — sometimes over a very long period extending to possibly two months. Aerosols administered by a cannula, in cases of tracheotomy, take half-an-hour per 1 ml. of solution, and the nurse must not leave the patient at any time during treatment. It was suggested that an effort be made to find a more concentrated medicinal solution or to evolve some means of decreasing the number of treatments.

4. *Weighing patients*: It was suggested that the practice of weighing patients in the medical department every day or every second day be modified. Once or twice a week would often suffice and, if possible, definite days should be fixed.

5. *Assays*: It was suggested that these be carried out always on the basis of a prescription and for a limited time.

6. *Medications*: When six pills have to be taken three or four times a day, would it not be possible to find a way of reducing the quantity without altering the effect? Attention was also drawn to the fact that the necessity for discontinuing prescription of certain medicaments is often forgotten.

7. *E.E.N.T. Clinics*: Patients are often called to these clinics during the dinner hour. It happens every day that three or four patients are called, one after the other, and this means that personnel must be available to conduct them. At that particular moment, however, there is a shortage of staff on the various floors as they are needed for meal service.

8. *Mealtimes*: It was suggested that physicians' visits, examinations, treatments and case histories, be conducted outside mealtimes so that patients may eat in comfort and also, so that the work of the nurses and diet services may be simplified.

9. *Medical prescriptions*: It was suggested that another trial be given to the system already envisaged with respect to prescriptions made out after review, that is, the placing of the medical prescription in a special basket. Prescriptions forgotten in the morning, at the time of the visit, should not be made out until the next day unless they are urgent. In addition, tests should be prescribed in the morning during the visit, and not in the evening between 5:30 and 6:00 p.m., so that the head nurses may have time to give the necessary instructions to student nurses.

10. *Hot water bottles for surgical beds*: Hot water bottles should not be used in the beds of patients who have undergone an operation. This is the opinion of the chief of the anesthesia department. It was therefore decided to discontinue the use of hot water bottles in these cases but to replace cotton sheets with flannelette sheets.

11. *Preoperative preparation*: It was suggested that it might be possible to make operating theatre technicians and nurses responsible for this preparation, between 3:30 and 8:00 p.m. These staff members would go to the wards for the purpose. In this way the preparatory shaving would be done more satisfactorily.

On receipt of the report of the Committee for the Study of Techniques and Practices, the special committee held three meetings to study the suggestions. It recommendations are:

(a) *Blood pressure*: The taking of blood pressure should not be considered as a nursing routine. The intern should be responsible. In certain special cases he may delegate this function to a nurse when he is certain that she has the necessary competence. There should be a time limit on orders for the repeated taking of blood pressure.

(b) *Temperature*: The temperature of all patients should be taken twice a day during the first three days of hospitalization. Subsequently, it should be taken once a day except in cases of hyperthermia or when there is a special order by the physician. In the case of postoperative patients and women in confinement, the temperature should be taken twice a day until the physician authorizes discontinuance.

(c) *Aerosols*: Only physicians in charge of cases, or resident physicians, should prescribe aerosols, and no prescription should be valid for more than three days unless there is a contrary indication on the prescription.

(d) *Weight*: It should be routine practice to weigh a patient on admission and on departure. Otherwise, patients should only be weighed on medical order.

(e) *Analysis*: No analysis should be carried out as a routine matter and no order should be valid for more than three days unless there is indication to the contrary on the order itself.

(f) *Medications*: We already give our patients medications which disintegrate at varying rates, the doses being liberated gradually and normally over a period of 8-12 hours, and even more.

(g) *Hot water bottles*: Hot water bottles should only be given on medical order. The water should never exceed 105°F unless there is some indication to the contrary on the order.

(h) *Prescriptions outside regular hours*: Prescriptions issued after completion of the review of the charts (1:00 p.m.) could be placed in a specially-marked basket at each post. An explanatory notice should be affixed above the basket.

(i) *Preoperative shaving*: No recommendation is made; the question remains open.

These recommendations were approved by the Executive Committee of the Medical Bureau and were sent by letter to the Director of Nursing. The Director of Nursing convened a meeting of the heads of departments and representatives of the school in order to announce the changes introduced. The Medical Director informed the doctors and interns. This simplification of routine practice was much appreciated by the heads of departments.

Where previously an average of 318 temperatures per 139 patients were taken in 24 hours, only 50 were to be taken in the morning. In the same service, assays were reduced from ½ to ⅓. There was also a marked drop in the number of aerosol treatments and in their duration.

This simplification of the work makes it possible for nurses to pay more attention to their patients and to their staff, and to reply more promptly to the requests of the doctors.

These preliminary studies prove how necessary research on nursing is, and lead us to place even greater hope in our study of the results.

Plasmin, a clot-dissolving enzyme already used successfully to treat clots blocking the circulation in the arms and legs, appears to be safe for treating heart attacks as well. The action of plasmin differs from that of the anticoagulant drugs often prescribed in the treatment of heart attack patients. Anticoagulants are used to prevent an existing clot from becoming larger and to lessen the chance that new clots may form. Meanwhile, the body's own repair mechanisms take over, gradually absorbing the clot and enabling the heart to replace damaged tissue with a firm scar. With a clot-dissolving substance such as plasmin, the goal is to eliminate the blockage promptly thus restoring circulation before heart muscle tissue dies for lack of the oxygen and nutrients it can get only from the blood.

— American Heart Association

The Work of the Church Nurse

BETH DALE

A SMALL PATIENT in The Hospital For Sick Children, in Toronto, turns his gaze from the snowflakes drifting past his window to the nurse who stands nearby and asks, "Miss Rieger, will Santa know I'm in hospital?"

Miss Rieger, in her role of Church Nurse and freed of the usual nursing duties, has the time to take the little patient's hand in hers and answer his question. With something of her own quiet faith emanating to the child, Miss Rieger leaves him feeling assured not only of Santa's coming, but also of God's continuing care throughout the days which will follow in wearying succession after the tinsel, the toys and the tree have gone.

Miss Rieger came to The Hospital for Sick Children after her graduation from The Wellesley Hospital, two years ago. Miss Rieger's present position grew from an interdenominational Sunday School started five years earlier by the Reverend Canon John Frank and Mrs. G. P. Sladen. Canon Frank, who is rector of The Church of the Holy Trinity, and hospital Chaplain, often visits, baptizes, and prepares the boys and girls for Confirmation as the need arises.

Mrs. Sladen is internationally known for her work in the field of Christian education. Her combination of innate sympathy for children and skill in writing has produced many stories, outlines for teaching, and her book, "Growing up in Worship." Through her writing, Mrs. Sladen gives a gift eternal to those who continue to care about the spiritual education of our children.

On this cornerstone, Miss Rieger has continued to build a tower of strength not only for the children and their parents, but also for the doctors, the nurses, the Sunday School teachers and the other members of the staff who are devoted to making complete the care of the children. A large part of Miss Rieger's work lies in counselling the student nurses; during her weekly lectures to them she is able to share her growing understanding of the sick child's need.

The arrival of a child in hospital is usually precipitate. Yesterday he shovelled the snow, was a shepherd in the school play, and passed his spelling test. Today he cannot get out of bed. He wonders about the boy in the next bed who lies so very still and wishes his own feeling of being unwell would go away. He longs to do again the things he did only yesterday. A sick child needs help to live with a "hope deferred."

All that is near and known is changed. Mother, father, brother, sister, playmate and teacher have been supplanted by doctors, nurses, physio- and occupational therapists, and many others who daily come to his bedside. While the staff of a children's hospital is especially dedicated, yet it is not easy for a child to relate these people in white to his own problems.

It is hard for a child to voice his

MERILYN RIEGER

A graduate of Toronto Western Hospital, our author is writing under a *nom de plume.*

fears for he is trying to measure up to what he thinks is expected of him. His question about whether Santa will come to the hospital might easily have been, "will I miss my year at school? Will my father be able to pay the hospital bill? Will I be able to play games again?" And that most searching of all questions, "am I going to get better?"

Engulfed in his own loneliness, a child struggles to gives words to the entreaties which would have slipped out so easily to mother or father at home. As Miss Rieger counsels the nurses, she transmits to them the faith from her own well-spring in the same way she does to the children and their parents.

Miss Rieger comes to know some of the parents well, especially if their child is in hospital with a long-term illness. Most parents would rather be ill themselves than see their child suffer. To the parents as to the children Miss Rieger is primarily a friend. Sometimes it is over a cup of coffee that the parents regain the assurance that everything possible is being done for their child. Sometimes, if the parents wish, Miss Rieger takes them into the hospital chapel, passing on the way a beautiful stained glass window, which shows Christ blessing the bandaged head of a child in its mother's arms. After a few moments of meditation, parents are strengthened to stand once more by their child.

To the many parents who have tried to train their child in the way he should go, it is a comfort to know that his spiritual education continues in hospital. Other parents are reminded to take greater care in the religious education of their child and to attend with him the church of their faith when he returns home.

While representatives of various faiths come to visit the children in hospital, yet any child who wishes may attend the interdenominational Sunday School, which meets at 9:45 o'clock every Sunday throughout the year. Through the guidance of Miss Rieger, approximately 25 teachers look after some 200 children. The children look forward to Sunday School and attend in their beds, in wheel chairs, on crutches and on foot.

It is the desire of the teachers "to present a cameo or miniature of the Saviour with every lesson." A part of Miss Rieger's time is devoted to training the Sunday School teachers, most of whom have a medical background. The teachers themselves must "stand tall" in their faith and be able to share their convictions with children who are troubled with the very issues of life itself. Mrs. Sladen has written the stories and lessons so that the child can easily see their application to his own needs.

The teachers make use of flannelgraphs, finger plays, stories, quiet music, and "wonder boxes." Each week the teacher brings forth from a brightly wrapped box one of God's wonders — a sea shell, a milk-weed pod, a maple tree key. The "wonder" is a link to the world beyond their walls, to the snowman in the garden at home, to the tree that was iced with frost, to the "writing" of Jack Frost on mother's kitchen windows. Moreover, it reminds the children that God, who made the wonders of nature, made and continues to care for His children.

This is a work which cannot be measured. As Miss Rieger says, "There is no spiritual thermometer." Yet, we know that it is a work whose influence for good knows no bounds. Like the pebble tossed into the water, the ripples of influence are ever-expanding. We know too that in the ultimate analysis, "whosoever does it unto one of the least of these my brethren does it unto me."

To commemorate the One Hundredth Birthday Anniversary of Canadian-born Miss **M. Adelaide Nutting**, a committee of well-known nurses is endeavoring to secure the preparation and publication of a biography.

From 1909 to 1925 Miss Nutting was a professor on the faculty of Teachers College, Columbia University. She was the first nurse in the world to hold such a position in a university. Her influence on the evolution of nursing education and nursing service has been world-wide.

Anyone possessing correspondence or other memorabilia is urgently requested to communicate with:

Miss Isabel M. Stewart,
400 West 119th Street,
New York 27, New York.

Multiple Sclerosis with Urinary Tract Infection

Marie Huggett

The Patient as a Person

Mrs. Fuller was admitted to the women's medical ward of the Royal Columbian Hospital with the diagnosis of multiple sclerosis with urinary tract infection. She was a 44-year-old woman with a pleasant personality, of average, or a little above average intelligence. Her once-dark hair which was turning white added to her striking appearance.

Mrs. Fuller and her brother who is two years younger, were born into a happy family and raised in Calgary, Alberta. She attended public school and after finishing the eighth grade she took a business course. At the age of 15 she joined the advertising department of a newspaper where she worked for three years. At the age of 18 she was married to a machinist. Both of them were adherents of the Mormon Church.

Mrs. Fuller had two healthy sons in 1931 and 1932, a daughter in 1941. In 1944, the family moved to New Westminster. Mrs. Fuller continued to look after her home for three years after her husband left her, but in the fall of 1954 she entered a local nursing home. Now in hospital, she seems happy and well adjusted to her surroundings. Although knitting and sewing are difficult because of wrist clonus, (a lateral spastic movement of her hand) she does a great deal of reading.

The Disease

Multiple, or disseminated, sclerosis is one of the most common of all neurologic disorders. It is a disease of unknown cause and appears in early adult life, usually between the ages of twenty and forty.

Some knowledge of the anatomy of the central nervous system is necessary for an understanding of the signs and symptoms of multiple sclerosis. Afferent impulses, arising in the nerves which carry temperature, the sense of touch and of position, pass into the spinal cord. There, afferent tracts in the white matter carry these impulses to the integrating centres in the cerebrum and cerebellum. These impulses reflexly cause other impulses to arise, added to which are impulses initiated by the will to perform an act or move a group of muscles.

Leaving the brain, the efferent impulses traverse the motor tracts in the white matter of the spinal cord and reach the muscles and sensory organs. It is clear that damage to any of the pathways which make up this complicated system will result in a defect in function. The majority of the pathological changes occur in the white matter of the brain and spinal cord.

In the normal, healthy individual, the nerve fibers are covered throughout their entire length by a fatty sheath, called myelin. Because of the fact that destruction of the myelin sheath is characteristic of multiple sclerosis, the disease is referred to as a demyelinating disease. The process by which this dissolution or destruction is accomplished is not known. The myelin which is dissolved is replaced by scar (sclerotic) tissue. The areas of sclerotic tissue are found scattered throughout the central nervous system. It is impossible for nerve impulses to pass through these areas properly. They may either be stopped completely, resulting in paralysis of the parts innervated by these nerves, or the impulses which pass through are altered, so that those parts perform their functions in a disturbed fashion (as illustrated by tremors, speech defects or staggering gait).

There is no agreement among neurologists regarding the cause of multiple sclerosis. Infecting organisms, degeneration, and small blood vessel obstruc-

Miss Huggett graduated from Royal Columbian Hospital, New Westminster, B.C. This study was made while she was a student.

tion have all been considered as possible causes.

The patient with multiple sclerosis is subject to remissions and exacerbations with increasing frequency as the disease progresses. Infections, unfavorable climate, pregnancy, fatigue, poor nutrition, chilling, and emotional disturbances have been considered responsible for attacks. Roy R. Grinkyer mentions that the disease not infrequently begins, or is made worse, after childbirth or operations in which ether or chloroform may be used.

The first symptom of the disease is usually a visual complaint such as seeing double, a sing-song or scanning speech develops. Then the feet seem to flop when walking. Spastic paraplegia is a common late symptom and, as spasticity of the legs increases, the patient develops a stiff-legged gait which makes walking difficult.

Multiple sclerosis was first identified by the French neurologist Jean Charcot. Until a quarter of a century ago multiple sclerosis was rare in this country, though it was common in France, Germany, the Baltic countries, England, and the Great Lakes region of the United States. It is rare in the southern part of the United States, and in the Mediterranean countries, is almost unknown in China, Turkey, India and Japan. The greatest incidence is in Switzerland.

Recent studies show that the disease is not hereditary but occurs more commonly in the males. The disease is found in all strata of society.

Past History

As a child, Mrs. Fuller had measles, mumps, and scarlet fever and a tonsillectomy at the age of seven. It has been noted that acute infections such as typhoid fever, scarlet fever, rheumatic fever, malaria, pneumonia, and tonsillitis have frequently preceded multiple sclerosis.

Present Illness

About 1934, Mrs. Fuller noticed that her right ankle would unexpectedly "give way" on her every once in a while. She also noticed that the soles of her heels ached most of the time and that her back ached quite often too. It was thought that the twisting of her ankle was caused by the collapse of the metatarsal arch so she wore a steel brace in her shoe. As time went on her right knee became undependable. Then the symptoms began to show up in her left ankle and progressed to her left knee.

A spinal puncture was done in 1940, and although the cerebrospinal fluid was negative to the Wassermann test, her present diagnosis of multiple sclerosis was suggested. Some type of alteration in the spinal fluid is found in about 70 per cent of the cases.

Unlike most patients with multiple sclerosis she was completely free of her symptoms during her pregnancy in 1941, but they reappeared about four weeks after her delivery.

The degeneration gradually progressed so that it became even harder to walk. She was able to get about holding on to the furniture until the muscles of both legs gradually became more spastic and greater flexion developed. From a chair on casters she continued to do her housework and cooking until she developed edema of both legs and two ulcers on her left heel.

In March, 1954, she was admitted to our hospital for a rest, relief of the dependent edema and for healing of the ulcers. At that time physiotherapy, traction, and the drug Tolserol in increasing doses were tried to maintain a more comfortable extension of her legs. A cylinder plaster cast was applied to the right leg and while it was comfortable it was clumsy and accomplished nothing so was removed.

The flexion and adduction of her knees was so painful that it was felt that a bilateral obdurator neurectomy would be the most satisfactory way of affording relief. Through a small incision just above the symphysis pubis the obdurator nerves on both sides were severed. This greatly relieved the adductor spasm. A week later a subcutaneous tenotomy of the right leg was done to bring it into a more normal position. Since the bilateral obdurator neurectomy her legs, although still in flexion tend to flop apart so she can only sit up after her ankles have been tied together. The disease seems to be slowly creeping into both wrists and both

thumbs but she still has full use of her fingers.

Mrs. Fuller was readmitted to the hospital with a urinary tract infection to which most patients with multiple sclerosis are prone. She had been bothered by frequency since the birth of her second boy in 1932. In 1949 she lost all sensation of voiding but it returned and has been fairly good up to the present time. Now, when the catheter is removed she is again bothered by frequency or incontinence.

There are no laboratory tests specific for multiple sclerosis. The blood count and urine are not significantly altered except in response to secondary infection. Bleeding and coagulation times are in normal range.

The cerebrospinal fluid is under normal pressure. Its content may be normal or abnormal at any stage of the disease, though it has been generally held that changes (such as increase in cells or protein), are more common in acute stages.

Mrs. Fuller has had a number of tests and examinations since she was readmitted to hospital:

X-ray: Due to some curvature of the spine it was not possible to obtain a true P.A. view. There was no evidence of recent or active pathology in relation to the chest.

Colon: It was very difficult to carry on an examination of the colon. However, it was filled to the cecum and terminal ileum. It emptied well. No gross pathology was demonstrated.

Intravenous pyelogram: These films did not demonstrate any pathological abnormality of either kidney, neither collecting system, or the urinary bladder.

Cystoscopy: The results of this test showed urethral trigonitis with granular cystitis.

Laboratory tests: Urine culture showed moderate growth of Proteus *vulgaris* and Ps. *pyocyaneus*.

Culture from vaginal swab showed a light growth of Staphylococcus *aureus* and Ps. *pyocyaneus*.

Blood tests were normal.

Treatments and Medications

There is no specific treatment for multiple sclerosis since the cause is unknown, but the proper management of the patient can be very effective. It is important to help the patient adjust to his defects, to maintain a spirit of hopefulness because of the frequent remissions in the course of the disease.

Shortly after Mrs. Fuller was admitted she was catheterized with a two-way Foley catheter. It was connected to straight drainage and irrigated regularly with normal saline. The catheter was removed for short periods and she was allowed to try to void. Because of frequency and because she often had involuntary emissions at night the catheter was replaced. Her residual urine varied from 130 to 150 cc. For a short time tidal drainage was established but it was not continued as instillations of the urinary antiseptic argyrol were started. Although she still had frequency she was not incontinent as often. The argyrol instillations were continued with a special dropper but they were not effective so the catheter was reinserted.

Hot douches of one ounce of vinegar in a quart of water were given daily. These were successful in checking the vaginal infection.

Mrs. Fuller was visited regularly by the physiotherapist who exercised her legs. Though flexion was still present the therapy helped to relax some of the muscles temporarily.

On admission Mrs. Fuller had considerable abdominal pain. This was controlled by the use of mild sedatives. She also received one of the tranquilizers which is given to quieten nervous patients.

Nursing Care

It is important that the patients with multiple sclerosis do as much as they can for themselves, especially their personal toilet. Mrs. Fuller did not require any urging to keep up her personal appearance. Each morning she managed most of her own bath, then put on lipstick and mascara. She had a small round comb with which she did her own hair. By the use of the trapeze over her bed she was able to change her position even though she could not move her hips and legs. For meals, her ankles were tied together and she sat up on the side of the bed. She often remained sitting

up and read or wrote letters for an hour or so.

Connections between multiple sclerosis and diet are very obscure. It has been said that after a prolonged reducing diet or after long use of dietetic "fads," attacks of the disease have been provoked. A better than average diet is recommended, with special care to include enough roughage to ensure regular elimination. Constipation is common in multiple sclerosis so Mrs. Fuller was given a small soapsuds enema every other day.

For a short time she was allowed a tub bath which was followed by a douche. The temperature of the water had to be watched and carefully measured as some of her sense of temperature had been lost. This treatment was discontinued because of the difficulty of getting her in and out of the tub and because it was too tiring for her.

Mrs. Fuller was taught to drain and irrigate her own catheter. A clamp with an extra large screw was used to shut off the catheter as she had difficulty using her thumbs and could not grasp the smaller ones.

Special back care, frequent change of position, and a dry bed are all important in the prevention of decubitus ulcers. Because this care was given faithfully her back and hips were in good condition.

Mrs. Fuller did not have all of the symptoms from which most patients with multiple sclerosis suffer. She did not have any visual or speech defects. She was the only one of her family who did not wear glasses, and her voice was steady and clear. While the majority of cases show some degree of euphoria, her state of mind seemed to be quite normal.

Since there is no known cure for multiple sclerosis eventually the care required is similar to that for terminal cases. However, if by intelligent understanding, thoughtful care, and wise counsel the nurse has contributed to the happiness or usefulness of the patient, she cannot but feel that she has been successful.

Planning for the Future

Mrs. Fuller had lived with her disease for a long time and had overcome most of her problems. She was still hopeful that some treatment would be found that would be effective. She planned to return to the nursing home after her discharge. As most of her domestic problems had been solved by the Social Welfare there was very little need for further advice on the part of the nurse.

What I have learned

I have met a very interesting and cooperative patient. I have learned a great deal about the nursing care needed by paralyzed patients and those with urinary tract infections. I became better acquainted with some very good sources of information in medical books and magazines.

Thirty of the schools of nursing currently engaged in the education of students were organized before 1900. Of these, eight have been in existence since before 1890. These eight are: St. Catharines General, 1874; Toronto General, 1881; Kingston General and Toronto Hospital for Sick Children, 1886; London's Victoria Hospital, Saint John General, and Winnipeg General, 1887; Hamilton General, 1888. Though in a couple of instances the names have been changed, these hospitals continue to provide excellent educational programs.

Of these 30 earliest schools, 18 were organized in Ontario, three in Quebec, two in British Columbia, Manitoba and Nova Scotia, one in Alberta, New Brunswick and Prince Edward Island.

—Information obtained from material assembled by Miss **M. A. Snively**, now in the CNA archives.

* * *

The new Queen Alexandria Solarium at Gordon Head, Victoria, has been opened, replacing the old Mill Bay Solarium at Cobble Hill which has been familiar to nurses for the past 30 years. There will be three times the accommodation in the new solarium for crippled children requiring care.

Nursing Profiles

Jennie Evelyn Ives has recently accepted the position of Nursing Service Secretary with the Registered Nurses' Association of Ontario.

Born and educated in Ontario, Miss Ives graduated from the Belleville General Hospital. She engaged in general staff and private nursing there briefly, then enrolled in the course in teaching and supervision in schools of nursing at the University of Toronto. Having previously attended Normal School and taught for a time it was very natural for Miss Ives to step back into the classroom. She was on the faculty of both the Collingwood General Hospital and McKellar Hospital in Fort William before she joined the teaching staff of Toronto General Hospital as the science instructor. Her supervisory and administrative abilities were quickly recognized. She transferred to the post of assistant director of nurses in 1943. Last year she forsook her daily duties and registered at Teachers College, Columbia University, whence she received her B.S. degree.

Miss Ives has been an active participant in nursing association committee work for many years. Her favorite pastime is oil painting.

Sister Mary Francis de Sales has been appointed director of the school of nursing of St. Michael's Hospital, Toronto. A graduate from that school, Sister de Sales secured her certificate in nursing education from the University of Toronto, qualifying later for her Bachelor of Science in Nursing Education from St. Louis University. She has capably filled many positions at St. Michael's — surgical supervisor, operating room and emergency and night supervisor. Since 1949 she has been a nursing arts instructor.

For six years Sister de Sales represented the nursing sisterhoods of Ontario on the Executive Committee of the Canadian Nurses' Association. She has served a term as president of the Ontario Catholic Hospital Association.

Sister Mary Kathleen, who has been director of nursing at St. Michael's for many years, has transferred from the very busy life there to the comparative haven of Our Lady of Mercy Hospital for elderly patients, in Toronto.

M. Helen MacKay is now the director of nursing education at the Port Arthur General Hospital. With a considerable background of teaching experience before she commenced her nurse's training at Royal Victoria Hospital, Montreal, it followed naturally that Miss MacKay would quickly

JENNIE IVES

(Eaton's Portrait Studio)

M. HELEN MACKAY

GRACE H. VERSEY

secure her certificate in teaching and supervision from the McGill School for Graduate Nurses. She taught at Women's General Hospital, Westmount, before becoming the senior instructor at Royal Inland Hospital, Kamloops, B.C. Later, she became director of nursing at R.I.H. but returned to her first love, teaching, as science instructor at the Hamilton General Hospital. Until she accepted her present position, Miss MacKay was associate director of nursing education at the Jewish General Hospital, Montreal.

Grace Helena Versey has retired after 38 years of devoted, hard-working service in nursing. Born and educated in England, Miss Versey received a degree in music from Trinity College, London, Eng., before she graduated from Cook County Hospital, Chicago, in 1920. Almost immediately, she became night supervisor at Bethesda Hospital, London, Ont. Eight years later she joined the Victorian Order of Nurses for Canada as a staff member. The remainder of her professional career is a story of progress in her work with that organization. She was appointed supervisor of the Oshawa Branch in 1938, of the East York Branch three years later. Ever since 1945 she has been district director of the London, Ontario, Branch except for several months' leave of absence in 1951 when she was on loan to the V.O.N. National Office as a regional supervisor. For the past 13 years Miss Versey has also assisted as a part-time lecturer in the University of Western Ontario School of Nursing. She has represented that school on the University Senate for a number of years.

Interest in club work has filled a good part of Miss Versey's spare time. She has been president of the Soroptimist Club of London, of that city's Local Council of Women, and of the Isobel Hampton Chapter of the I.O.D.E. Her musical background has found many outlets in various music clubs. She is also a member of the National Ballet Association. She will continue to reside in London.

Manitoba's New Honorary Members

September 17, 1958 was much more than an ordinary Wednesday to four women who have given a combined total of nearly 150 years to their chosen profession, nursing. In the evening of that day, before a large assembly of members and guests, the Manitoba Association of Registered Nurses conferred honorary life membership in the Association on each of these four nurses. With Dr. M. R. Elliott, Deputy Minister of Health, as chairman of the gathering, Mrs. Hilda C. Mazerall, president of the M.A.R.N., welcomed the new life members as each was presented to her following the reading of a citation detailing their valued contributions.

Miss **Elizabeth Russell**, presented by Miss Margaret Arbuthnott, graduated from Winnipeg General Hospital in 1916. Her life of public service began with her appointment to the Manitoba public health Nursing service after working for a year in the King George Hospital. In 1919 she was appointed to direct the nursing service division of the provincial health service, which position she occupied most capably until her retirement in 1955. Recognizing that the basic nursing course was insufficient preparation for the public health nurse's work, Miss Russell developed an inservice educational program for the continual improvement of the staff and service. At the same time she

(Winnipeg Free Press)

CHRISTINE MACLEOD
and
ELIZABETH RUSSELL

urged the integration of the principles of healthful living into the nursing curriculum. She was one of the strongest advocates of the establishment of the School of Nursing Education at the University of Manitoba. In recognition of the many contributions Miss Russell has made, the Canadian Public Health Association bestowed Honorary Life Membership on her a few years ago. A past president of the Manitoba Association of Registered Nurses, Miss Russell's zest for living, her gift of laughter and her great humanitarian heart have been an inspiration to all who have been associated with her.

Miss **Christina Murray MacLeod**, presented by Miss Phyllis Low, graduated from Brandon General Hospital in 1908. From 1916 until her retirement in 1945, Miss MacLeod served the hospital, the school of nursing, the people of Brandon and the nursing profession in Manitoba with unwavering interest, energy and devotion. She was active on countless committees and projects devoted to the improvement of nursing service. It is not surprising that in retirement Miss MacLeod sought and found yet another opportunity to serve. She is currently president of the Manitoba Women's Hospital Auxiliaries Association.

Miss **Elsie Jane Wilson**, presented by Miss Merryl McKay, enlisted in the R.C.A.M.C. immediately after she graduated from the Winnipeg General Hospital in 1915. In 1920 she joined the Manitoba Public Health Service. After five years of general service she was assigned to the Tuberculosis Control Program, transferring to the Central Tuberculosis Clinic in Winnipeg when it was established in 1930. Miss Wilson's records and her unique knowledge of the extent of tuberculosis in the province were the basis for the establishment of the Central Tuberculosis Registry in 1937. She served as its director from then until her retirement in 1956. In appreciation of her outstanding contribution to the control of that disease in Manitoba, The Central Tuberculosis Association conferred Honorary Life Membership upon her in 1956. Very active in the affairs of the provincial nurses' association, Miss Wilson also served as the Honorary Secretary of the Canadian Nurses' Association for four years.

Sister Delia Clermont, presented by Miss Gwen McInnis, started out as a school teacher but was so strongly attracted to nursing she trained at St. Boniface Hospital, graduating in 1933. It is not surprising that her original interest in education should have led her into many years of devoted responsibility in a wide variety of administrative functions in her Alma Mater. During a leave of absence she obtained her Bachelor of Science degree in nursing education. As well as holding various offices in the Manitoba Association of Registered Nurses, Sister Clermont served as chairman of the CNA Hospital and School of Nursing Section for some years. It was during her term of office that the "Job Analysis for Nursing Positions" was prepared and put into use. She convened the committee that planned, organized and revised the curriculum for schools of nursing in Manitoba. Sister Clermont is now the Superior of the hospital at Fort Frances, Ontario.

Following the presentation of the Honorary Memberships, several prominent citizens expressed their congratulations and good wishes. Hon. George Johnson, Minister of Health, referred particularly to the work Miss Russell and Miss Wilson have done. "They are responsible in no small measure for the excellence of our present public health nursing services."

* * *

If you make people think they're thinking, they'll love you. If you really make them think they'll hate you.

—DON MARQUIS

In Memoriam

Simone (Brunet) Crawford, who graduated from Notre Dame Hospital, Montreal in 1940, died following a street accident on August 9, 1958. At the time of her death, Mrs. Crawford was in charge of the recovery room at Notre Dame Hospital.

* * *

Magny (Johnson) Helgason, a graduate in 1920 of the Winnipeg General Hospital, died this year.

* * *

Dora Wilson Miller, who graduated in 1912 from the Homoeopathic — now the Queen Elizabeth Hospital in Montreal, died suddenly on September 29, 1958. Miss Miller's whole professional career had been spent in the service of her Alma Mater. She was the lady superintendent for 14 years prior to her retirement in 1949.

* * *

Irene Turgeon, a graduate of Misericordia Hospital, Montreal died last June, just two years after retirement from the nursing service of the Montreal Department of Health which she had joined in 1920.

* * *

Hilda Louise (Noble) Whitcombe, who graduated from Guy's Hospital London, England, died in Vancouver on September 15, 1958. Coming to Canada in 1926 she did private nursing in Calgary for 14 years. During the Second World War she was nurse in charge at first aid posts in England. On her return to Canada she engaged in general, office and private duty nursing in Salmon Arm, Duncan and Victoria, B.C.

Dr. Marion Hilliard — a Tribute

WHAT A WOMAN! Words will never describe her. I am one of the fortunate ones to have known and loved this outstanding woman doctor. My first encounter was at the age of sixteen. Marion Hilliard was my counsellor and swimming instructor at a C.G.I.T. camp at White House, Lake Couchiching, Ontario. As teenagers we thought she was a hard task master, but we adored her. She would rout us out of our beds at 6:00 A.M. for an early morning dip. Some of us did not take kindly to water at that time of the day. Marion was relentless. Six A.M. or no swim for mere pleasure! Discipline was the secret of her life.

Two years later our paths crossed again. I had chosen to train as a nurse at the Women's College Hospital, and Dr. Hilliard again played an important role in my life. We practically lived for obstetrics in that little hospital on Rusholm Road. Sometimes I wondered if Marion lived in the hospital. I can still remember the thrill of that first confinement case. It was like being a spectator at a command performance, a never-to-be-forgotten experience, in which fate presented us with a set of twins. Even then I realized I was especially privileged and that Marion Hilliard was indeed a master at her profession. One of the happiest days of my life was the day I received her obstetrical prize. I thought I would burst with pride when she congratulated me. "Good girl, I knew you could do it." Always her praise made you feel you could do great things.

Seven or eight years later I visited Dr. Hilliard as a patient. Her consulting room was as crowded as ever, but the minute the door closed behind me, we two forgot the long line-up outside. Anyone who has been her patient will know what I mean. You could never forget the depth of those understanding eyes, or the feeling that you were her only concern. So many qualities, such out-giving of herself.

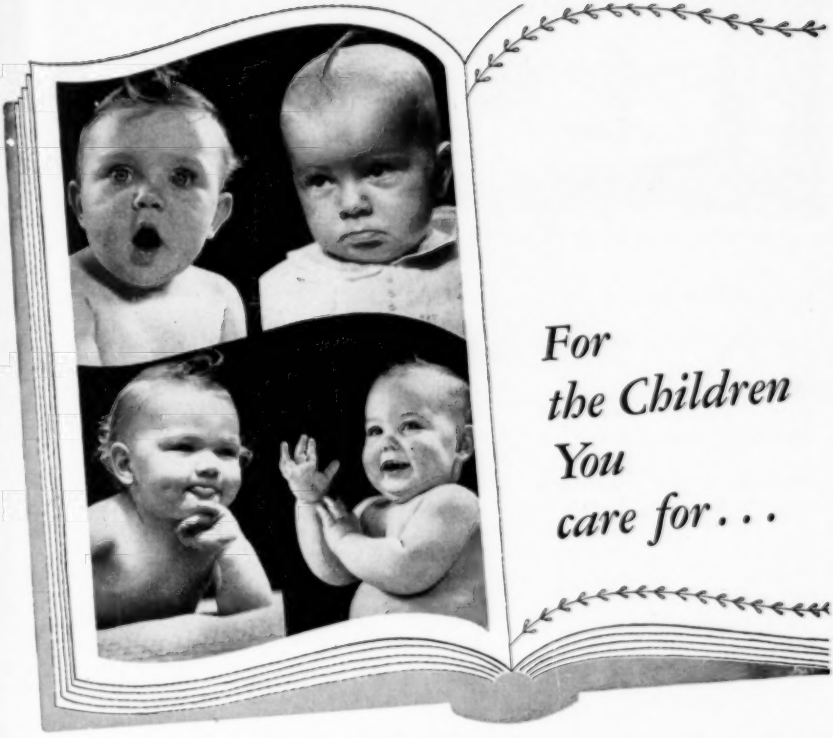
And now I feel Marion Hilliard has not gone,

Her spirit is free.
She who had courage
Gave courage to me.
Earth had no boundaries
That she would not dare.
Her challenging spirit
Moves everywhere.

She sparked all our thinking.
She fought a good fight.
And to all who have known her,
She's just out of sight.

Helpful, encouraging,
Tender and gay,
Marion Hilliard now lives
In a much fuller way.

EDNA EARLE LEVELTON



For the Children You care for . . .

Nurses know that the great value of Crown Brand Corn Syrup in infant feeding formulae and on baby cereals cannot be underestimated. Crown Brand Corn Syrup contains the balanced mixture of Dextrin, Dextrose and Maltose that doctors recommend . . . in an easily digested . . . well tolerated . . . ready-to-use form.

Nurses know, too, that Crown Brand is the perfect energy food for children at all stages of their growth . . . and so easy to serve on cereals, on bread, or as a delicious dessert by itself.

CROWN BRAND
CORN SYRUP

is a product of

THE CANADA STARCH COMPANY LIMITED

Makers of Karo & Lily White Corn Syrups
Also recommended for Infant Feeding
and makers of
BENSON'S AND CANADA CORN STARCH

PREPARED IN YOUR NATIONAL OFFICE, CANADIAN NURSES' ASSOCIATION, OTTAWA

Season's Greetings

National Office staff joins in wishing all nurses everywhere the joys and blessings of this happy season. May it be for you a truly Merry Christmas and Happy New Year.

National Office Auxiliary and the Building Fund

Since 1955, the National Office Auxiliary, established to assist with the entertainment of foreign nurses, the cataloguing of the Archives, and with the furnishing of National Office, has been of invaluable assistance to the CNA. During preparations for the last convention each member played an active part in the work of a local sub-committee of the arrangements committee.

The latest project of this interested group is to help raise funds for our future CNA House. Plans are being developed for a coffee party to be held early in January to launch this endeavor. Proceeds will go towards the building fund with the suggestion that it might be used to establish a library in our new home.

We are delighted with the interest and enthusiasm of the Auxiliary. They are leading the way in anticipating the not-too-distant day when we may invite you all to a house-warming.

The Biennium Begins

The work of the CNA is carried on in two-year periods between general meetings. Following each general meeting a new slate of officers is elected, and new committee chairmen appointed. You've read about these nurses in the pages of *The Canadian Nurse.*

With the coming of fall and renewed activity, the following is an indication of what is planned in the way of meetings, though some dates have not yet been decided:

1958

Board of Review, Pilot Project — October 22, 23, 24.

Canadian Joint Committee on Nursing — November 5.

Committee on Finance — November 21.

Committee on Nursing Education — November (2nd or 3rd week)

Ad Hoc Committee on Research — December

Committee on Nursing Service — December 11, 12, 13.

1959

Committee on Public Relations — January

Conference of Executive Secretaries — February 10

Executive Committee Meeting — February 12, 13, 14.

Pension Plan Booklets

By now you will have received the pension plan booklets prepared by the National Life Assurance and Royal Trust Companies who are administering the pension plan for the CNA. Read and study this booklet carefully Much thought and effort has gone into the preparation of the plan which may be an individual one or may include employer-employee participation, Registration of applicants for the plan will be handled through CNA National Office.

Early Planning

The first step towards planning for

where eczema is a problem

New Heinz CORN Cereal is a *single grain* cereal—well tolerated by babies with eczema and protein allergies.
It is also a new delight for *all* babies. New Heinz Corn Cereal is one of the very best tasting cereals ever developed for babies.

SAMPLING INVITATION—Write now for samples for tasting and testing. We will welcome your request—write: Heinz Baby Cereals, Leamington, Ontario.

BFM-258A

NEW HEINZ CORN CEREAL TYPICAL ANALYSIS

Carbohydrate	82.3%	Copper	.0005%
Protein	5.2%	Sodium Chloride	1.31%
Fat	1.3%	Niacin (mg./100 gm.)	28.0
Crude Fibre	1.0%	Thiamine (mg./100 gm.)	1.26
Moisture	7.4%	Riboflavin (mg./100 gm.)	0.68
Ash (Minerals)	2.8%	Calories per 100 gm.	362
Calcium	.065%	Calories per ounce	103
Phosphorus	.108%	Tablespoons per ounce	10
Iron	.050%		

HEINZ BABY CEREALS 57

NOW WE ARE SEVEN... RICE • BARLEY • OATMEAL • WHEAT • MIXED CEREAL • INFANTSOY • CORN

the 30th Biennial Meeting in 1960 began in November when the Assistant General Secretary visited Halifax. While there, she met with the association officers and the arrangements committee. The question of housing of delegates, space for exhibits and post-convention tours in the beautiful Atlantic provinces were some of the items studied.

Early planning helps to make a national convention one to enjoy and remember. We can assure you that the nurses of Nova Scotia are planning to make your stay in Halifax a memorable one.

Ad Hoc Committee on Research

This Committee, appointed by the Executive Committee, at its December meeting will study nursing research needs in Canada and prepare a plan for future action in nursing research.

The chairman is Lola Wilson, Director, Study of the Aged and Long Term Illness, Province of Saskatchewan. The members include Nettie D. Fidler, Toronto; Sister Catherine Gerard, Halifax; Dorothy M. Percy, Ottawa; Mary L. Richmond, Victoria; Marjorie G. Russell, Toronto; M. Pearl Stiver and F. Lillian Campion, CNA National Office.

I.L.O. Conference Chairman

At the time of writing, we have just learned that **F. Lillian Campion** was selected as Chairman for the week-long International Labor Organization's Ad Hoc meeting on the conditions of work and employment of nurses (refer to this column in the November issue). We were delighted to receive this news and look forward to a report of this international gathering.

Le Nursing à travers le pays

Joyeux Noël! Bonne et Heureuse Année!

Le Secrétariat National offre à toutes les infirmières ses meilleurs voeux pour un Joyeux Noël et une Bonne et Heureuse Année. Puisse 1959 être pour toutes une année de bénédictions et de bonheur.

Groupe d'Auxiliaires du Secrétariat National

Un Groupe de Dames Auxiliaires, formé depuis 1955 pour aider au divertissement des infirmières venant d'autres pays, à la classification des archives et à l'ameublement de notre secrétariat national, a été d'un secours inappréciable à l'A.I.C. Dans les préparatifs du dernier congrès chaque membre a pris une part active au travail d'un sous-comité local du Comité d'organisation.

Le projet actuel de ce groupe dévoué est le prélèvement de fonds en vue de notre future résidence. L'on songe actuellement à l'organisation d'un Thé, au début de janvier, pour lancer cet heureux projet. Les recettes en seront versées au fonds de construction, avec la suggestion que ce montant serve à l'institution d'un bibliothèque dans notre nouveau "Home."

Nous sommes ravies de l'intérêt et de l'enthousiasme manifestés par le Groupe des Dames Auxiliaires, ce qui nous permet d'espérer que nous pourrons peut-être, dans un avenir assez rapproché, vous inviter toutes à venir pendre la crémaillère.

La période biennale commence

Le travail de l'A.I.C. porte sur une période de deux ans, période qui s'écoule entre nos réunions générales. A la suite de chaque réunion générale, de nouvelles dignitaires sont élues et de nouvelles convocatrices sont nommées aux divers comités. Vous avez sans doute lu ce qui se rapporte à ces infirmières dans *L'Infirmière Canadienne.*

Avec la venue de l'automne et du renouveau de nos activités, nous vous donnons ici une liste des diverses réunions qui auront lieu, bien que toutes les dates n'aient pas encore été fixées:

1958

Bureau de Revision — Projet-Essai — 22, 23, 24 octobre.

Comité canadien conjoint sur le Nursing — 5 novembre.

Comité des Finances — 21 novembre

Comité de l'Education en Nursing — Novembre (2e ou 3e semaine)

Developed to meet your standards—

Morning Milk

...the partly-skimmed milk guaranteed by Carnation

Your recommendation of partly-skimmed Morning Milk is protected by the time-proven quality controls that have made Carnation Milk the accepted milk for full-fat infant feeding:

NOURISHING AND DIGESTIBLE: Standardized to exact levels of fat content and Vitamin D.

UNIFORM: Rigid laboratory controls provide the same high quality in every can.

SAFE: Only finest inspected milk is accepted, production is continually supervised, and Morning Milk is protected by Carnation's special evaporated milk can.

ANOTHER CARNATION QUALITY PRODUCT...

Comité ad hoc de Recherches — Décembre.

Comité du Service d'Infirmière — 11, 12, 13 décembre.

1959

Comité des Relations Extérieures — Janvier.

Conférences des Secrétaires registraires — 10 février.

Assemblée du Comité Exécutif — 12, 13, 14 février.

Comité ad hoc de Recherches

Ce comité, nommé par le Comité Exécutif, à sa réunion de décembre, étudiera les besoins de la recherche en nursing au Canada et préparera un plan d'action à ce sujet.

La convocatrice en est Mlle **Lola Wilson**, directrice de l'Etude sur les Vieillards et les Malades chroniques, en Saskatchewan. Les membres sont: Mlle Nettie D. Fidler, Toronto; Soeur Catherine Gérard, Halifax; Mlle Dorothy M. Percy, Ottawa; Mlle Mary L. Richmond, Victoria; Mlle Marjorie G. Russell, Toronto; Mlles Pearl Stiver et Lillian Campion du Secrétariat National.

Livret sur le Plan de Pension

Vous avez sans doute déjà reçu le livret sur le Plan de Pension préparé par la National Life Assurance et le Royal Trust Companies qui administrent le plan de pension de l'A.I.C. Lisez et étudiez attentivement ces renseignements. L'on s'est donné beaucoup de peine pour la préparation d'un plan qui peut être soit individuel, soit contributoire, c'est-à-dire, participation employeur-employé. L'inscription de toutes celles qui désirent participer à ce plan devra être faite par l'entremise du Secrétariat National de l'A.I.C.

Plans préliminaires

Les premières démarches pour l'organisation du 30ième Congrès Biennal, en 1960, ont été faites dès novembre lors d'une visite de la secrétaire générale adjointe à Halifax. Elle a communiqué avec les dignitaires de l'association et les membres du comité d'organisation. L'on étudia les questions du logement des déléguées, de l'espace nécessaire aux exhibits, d'excursions à travers les belles provinces maritimes, etc.

La prévoyance dans l'organisation d'un congrès contribue à en faire un événement que tous aiment à vivre et à se rappeler. Nous pouvons vous assurer que les infirmières de la Nouvelle-Ecosse n'épargneront rien pour rendre votre séjour à Halifax des plus agréables et dont vous vous souviendrez longtemps.

Convocatrice de la Conférence de L'O.I.T.

En écrivant ces lignes, nous venons d'apprendre que Mlle **F. Lillian Campion** a été élue convocatrice de la conférence d'une semaine de l'Organisation Internationale du Travail, sur les conditions de travail et d'emploi des infirmières. (Veuillez référer à cette colonne dans le numéro de novembre.) Nous avons été enchantées d'apprendre cette nouvelle et nous anticipons le rapport de cette intéressante assemblée internationale.

Executive Secretaries Meet

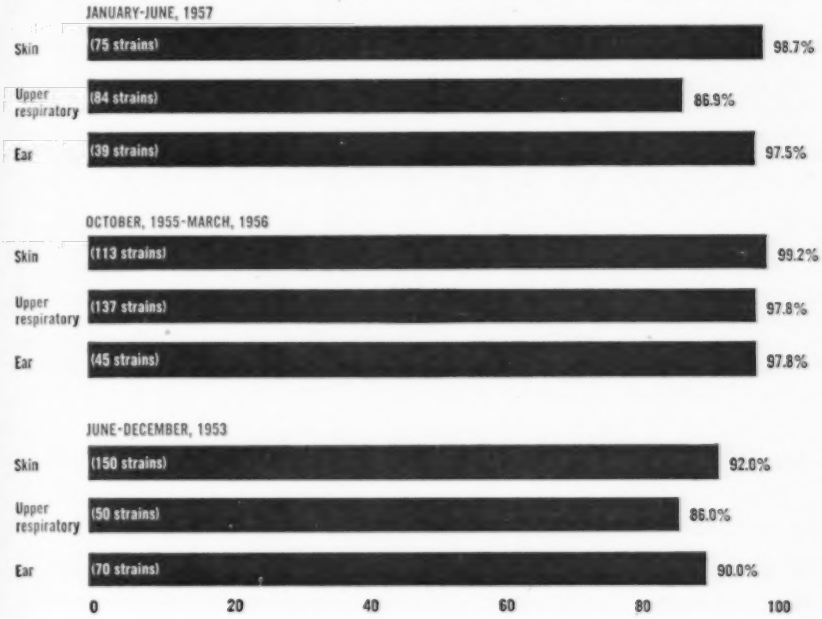
THE INSTITUTE for the executive secretaries of the various provincial associations, held September 15-20, 1958 at the School of Nursing, University of Toronto, was the realization of a long-standing wish by all concerned. In preparation for it, the secretaries had been asked by National Office to indicate the areas in which problems lay or in which it was felt that expert opinion would be helpful. Armed with this information, Professor **Mary Millman**, School of Nursing, U. of T., arranged for speakers who were experts in the desired topics.

At first glance it would seem that the information presented for such a specialized group within the nursing profession would have little significance for the average member in discharging her duties. The contrary is true. For example, **Gordon Hawkins**, Associate Director of the Canadian Association for Adult Education dealt with the subject of "Secretariats." The word "secretariat" appears forbiddingly formal and might be considered more in keeping with the work of WHO or the United Nations than an alumnae association. In actual fact, Mr. Hawkins presented information on the administrative functions of organizations, large and small. He described the admini-

HIGHLY EFFECTIVE AGAINST STAPHYLOCOCCI ...YEAR AFTER YEAR

CHLOROMYCETIN®

IN VITRO SENSITIVITY OF STAPHYLOCOCCI FROM THREE FOCI OF INFECTION TO CHLOROMYCETIN FROM 1953 TO 1957*



*Adapted from Royer, A., in Welch, H., & Martí-Ibañez, E: Antibiotics Annual 1957-1958, New York, Medical Encyclopedia, Inc., 1958, p. 783.

CHLOROMYCETIN (chloramphenicol, Parke-Davis) is available in a variety of forms, including Kapseals® of 250 mg., bottles of 16 and 100. CHLOROMYCETIN is a potent therapeutic agent and, because certain blood dyscrasias have been associated with its administration, it should not be used indiscriminately or for minor infections. Furthermore, as with certain other drugs, adequate blood studies should be made when the patient requires prolonged or intermittent therapy.

PARKE, DAVIS & CO., LTD. · TORONTO 14, ONTARIO

46559

strative process as "the art of getting purposeful, useful and appropriate things done through people, by legitimate means." In another issue his views of the principles that must be observed in good administrative practice will be published.

It was interesting to note the number of times that emphasis was placed on the absolute necessity for good human relations to ensure smooth administration. **Dr. Sawatsky**, Associate Professor, Institute of Business Administration, U. of T., showed the significance of this factor in *any* work situation in his discussion of personnel administration. We would all be prepared to admit that, in a happy atmosphere, work efficiency reaches toward its peak. We may not have stopped to analyze the factors required to produce such an atmosphere. Again, watch for a more detailed presentation of this subject in a later issue.

Mrs. **Jean Darroch** and Mr. **B. G. Stalter**, both from the Communities Branch, Department of Education for Ontario gave a great deal of practical advice on the preparation of pamphlets, bulletins and manuals. You may be the editor of your alumnae bulletin, the chairman of a recruitment committee, the clinical instructor in any hospital department. In each case you will benefit from a study of the principles underlying preparation of printed material as presented by these speakers and scheduled to appear in the form of an article in the *Journal*.

The foregoing is only a sample of the topics covered. Mr. **R. T. Reid,** Upper Canada Law Society, and **Dr. Kenneth Gray**, Q.C., M.D., legal consultant to the R.N.A.O., discussed legislation and other legal matters as they pertain to nursing and the nurse. What goes into the preparation of an Act such as those that control our profession? Such legislation is fundamental to our status as professional people but most of us have very hazy ideas about our nursing Acts. Do the young graduates who decided to go into private nursing understand to what degree they can be held legally responsible for injury to their patients? They have been used to the situation where, as undergraduates, they were largely protected by the hospital. What claims may be lodged against them as practising nurses?

Mr. **S. Davidovich,** Communities Branch, Department of Education for Ontario, gave an excellent presentation on program planning applicable to any social organization. If you are chairman of the program committee this year and running short of ideas, here is how Mr. Davidovich suggests that you replenish the supply:

1. Listen to the comments of the members.
2. Take time at a general meeting to request suggestions.
3. Use suggestion cards or questionnaires.
4. Listen to the loudest critics — they may be wrong but they could be right.

He had many other very practical and most helpful suggestions on how to make meetings stimulating and successful.

Mr. **W. B. Coutts**, B.A., C.A., Associate Professor, Institute of Business Administration, U. of T., discussed the intricacies of accounting and bookkeeping — a very necessary part of the functions of any organization. Mr. **R. B. Hammond**, Assistant Chief, Division of Narcotic Control, National Department of Health and Welfare discussed the problem of drug addiction — a problem that, unfortunately, appears all too often in our professional ranks. Mr. **T. E. F. Weatherall**, Central Ontario Industrial Relations Institute, discussed labor relations from the point of view of organized labor versus the professional organization. Miss **Dorothy Percy**, Chief Nursing Consultant, Department of National Health and Welfare, and Miss Millman, to whom so much credit is due for the success of the Institute, also participated. The results of the evaluation reports on the institute indicated the satisfaction of the institute members and provided a basis for future planning.

Finally, the gracious hospitality of Miss **Florence Walker** and her staff at R.N.A.O. headquarters and of Miss **N. Fidler** and her staff at the School of Nursing must not go unrecorded. They arranged for the very welcome social occasions that provided just the right amount of relaxation in a busy week.

—J. E. MacG.

In the winter, don't stay indoors like the chipmunk. Fresh air and exercise is necessary in all seasons. Older people should wrap up, put on warm shoes with those devices that grip the ice and take at least a short walk each day. A walking stick will often give added confidence in slippery weather.

a superb aid[1]
in helping to prevent and clear up
BED SORES
(DECUBITUS ULCERS)

DESITIN®
OINTMENT

Good medical and nursing care, and Desitin Ointment make an effective team in keeping the patient's skin soft, supple, and better able to resist and help heal bed sores. And for a very good reason: Desitin Ointment is effective in guarding against irritation which causes pressure sores. Its soothing, lubricant and healing influence is so persistent that one application protects the skin for hours.

SAMPLES on request

DESITIN CHEMICAL COMPANY

1. Grayzel, H. G., and Schapiro, S.: Western Journal of Surgery, Obstetrics and Gynecology, Oct. 1956.

•

Sole Canadian Representative and Distributor:

LESLIE A. ROBB

5 Traymore Crescent, Toronto 9, Canada

I Went to a Small Hospital

RITA M. BALL

FOR OVER seventeen years I had been associated with a school of nursing, and quite content to remain in the field of education for many more years, but suddenly the change was made, and I left education to enter administration. I am now director of nursing in a 150-bed hospital with an all graduate staff. It was quite a change, but one which presented me with a real challenge, and what nurse can resist a challenge!

This is not just *any* small hospital, but one with a very high level of practice, the Trail-Tadanac Hospital. As a result of the diligent efforts of those directing the hospital organization, accreditation has been obtained. The majority of the doctors are specialists in their particular fields. The quality of medicine and surgery which is practised here is on a level equal to that in any large city center. It keeps the nurses on their toes keeping abreast of new techniques, medicines, and also how to use new equipment. I found equipment being used regularly that I had never seen in the larger hospital.

The nurses here are gaining excellent experience and I believe they are very aware of this. The atmosphere throughout the hospital is excellent. It is quite a revelation to witness the cooperation between all personnel. It is a real compliment to those who have gone before me, and a responsibility for me to maintain this standard.

Trail as a small city of about 15,000 with a large surrounding area. It is nestled in a rather deep valley in the west Kootenay's, on either side of the Columbia River. Hovering over the city is the big, sprawling plant of the Consolidated Mining and Smelting Company of Canada Ltd., "Cominco" as it is commonly called. It broods over the townsite like an ancient castle, but it is not as romantic a sight, nor quite as clean. Since the majority of the citizens who live below are employed there, it is tolerated with great affection. After a while, one takes it for granted and accepts it as part of the landscape.

It is a real education to learn to work with an Administrator, a Hospital Board, and the Women's Auxiliary, which are all such an important part of the workings of a municipal hospital. This is one aspect which I find very interesting, but I am very glad I do not have a school to worry about in addition.

I am writing this to help anyone who may be hesitating to take the step that I did. Do try it, as I am sure you will find it very satisfying. You will find a place for everything you learned in education and add to it a wealth of knowledge in administration. Here you really see the patient as a member of the community!

Miss Ball is the director of nursing at Trail-Tadanac Hospital, Trail, B.C.

In the Good Old Days

(*The Canadian Nurse* — DECEMBER, 1918)

Over 25 per cent of the total number of summer-born infants die before the end of their first year.

* * *

Academic education is the least important factor in the preparation of a young woman for actual life. There is no worse fate than that the adolescent years, the years of physical growth, should be spent in a classroom. It saps the young vitality, dwarfs the growing body and stacks the mind with unrealities. Of course if the girl be very strong, blessed with a robust body and mind, she may undertake a good deal of the so-called higher education but unless she chooses to make this education the sole aim

When a headache
threatens your
efficiency on-duty...
or mars your enjoyment
off-duty...

you'll get relief
in half the time
with

"217"
TABLETS

THE WONDER COMBINATION OF
3
MEDICALLY PROVEN INGREDIENTS

"Acetophen" (Brand of acetylsalicylic acid)	3½ gr.
Phenacetin	2½ gr.
Caffeine Citrate	½ gr.

Available in Handy Tubes of 12, and economy sizes of 40 and 100

Charles E. Frosst & Co. MONTREAL, CANADA

and object of her life, she should remember that she requires only knowledge to fit her for actual life which comes later . . . I would suggest that a girl be taught to speak correctly and pleasantly; that she acquire the habit of reading; that she learn to write a letter that can be read and understood by the average individual; that she be taught something of her physiologic self and of the animal and plant world about her; that she know something of the history and present conditions and aspirations of the country in which she lives; and she should travel as her father's purse permits. This is adequate preparation for the average girl for her chief role in life: to be a mother.

(From an article by a leading obstetrician)

* * *

For tired nerves — Take frequent baths in fresh and salt water alternately. Walk as much as possible — never ride if you can walk. Morning is the best time for walking. Practise deep breathing. Sleep all you can.

* * *

This issue echoes both the Armistice that ended the 1914-18 war, and the devastating influenza epidemic that occurred in the autumn of 1918.

* * *

The nurse who, in discussion with a medical man attempts to defend a theory relating to anesthesia, cannot fail to feel the presumption of her conduct, and if graced with wit, to see the absurdity of such discussion. Yet it has actually happened that medical men have suffered themselves to be instructed by a nurse in the theory and practice of anesthesia!

* * *

Iodized starch is said to insure a more rapid repair of damaged body tissue than any other of the numerous antiseptics.

To the Christmas shopper, children's toys may be a problem. For the very small fry, a cuddly stuffed toy is usually safest. Painted toys should be selected with an eye to the possibility of a lead-based paint which could cause lead poisoning if chewed by the young owner.

Plastic toys cannot be visualized by a roentgenogram. Great care must be taken that infants do not choke on plastic fragments. In case of distress, a rapid examination of the mouth and larynx with a finger may save a life.

— Safety Education

Book Reviews

The Person as a Nurse by Florence C. Kempf, R.N., B.S., M.A. 234 pages. Brett-Macmillan Limited, 132 Water St. S., Galt, Ont. 2nd Ed. 1957. Price $4.00. *Reviewed by Miss Beulah Anderson, Educational Director, Union Hospital, Moose Jaw, Sask.*

As would be expected of a book of this kind the author deals with many phases of living. She discusses such matters as principles of good citizenship, personality, and its implications in successful living, self-evaluation as a requirement for personal and professional growth and development, the importance of a philosophy of life as a basis for behavior and the personal adjustments the nurse must make in her work.

Included in this edition is a new unit called "Preparation for Living." This would be useful in orienting the prospective or new student to what nursing really is. It would assist prospective students in making their choice of a school of nursing.

There is a section on the legal aspects of nursing. This information is pertinent and practical.

Each unit has a list of suggested reading materials and a series of questions to further the student's comprehension of the topic covered. These could well be used in assignments for the professional adjustment courses. In fact the book would be very useful to both the teacher and student.

It is well set up, with a few interesting pictures, diagrams, and charts. It has a good index and useful appendix which outlines a list of books suitable for the personal library of a student nurse, a study guide to help familiarize the student with her community and a sample of the organization of a Student-Faculty Cooperative Association.

Mosby's Review of Practical Nursing. 354 pages. The C. V. Mosby Company, St. Louis, Missouri. Canada: McAinsh and Company Limited, 1251 Yonge St., Toron-

The wholesome purity of Coca-Cola, its unique quality and good taste, are pleasures shared by people everywhere, over 58 million times a day. For Coca-Cola is the best-loved sparkling drink in all the world.
DRINK
Coca-Cola
IN BOTTLES
SERVE
Coca-Cola
SIGN OF GOOD TASTE
COCA-COLA LTD.

to. 2nd Ed. 1957. Price $4.25.

Reviewed by Miss Doris M. Grieve, Educational Director, General Hospital, Saint John, N.B.

This book presents a comprehensive up-to-date outline of the subject matter of the course for nursing assistants. It is valuable not only as a review for examinations but also as a guide for nursing activities.

The text is divided into 16 units covering foundation material in the basic sciences. Clinical and nursing information in relation to nursing the adult, the aged, the child, the mother and infant and the mentally ill is reviewed. Home care, rehabilitation nursing and communicable disease nursing are also included. Each unit contains subject matter in outline form, references and test questions that include samples of multiple choice, completion and matching questions. Experience in doing these tests should help those who have not had much previous experience with the objective-type examinations. The answers for all questions are given in a separate pamphlet.

This book is recommended not only as a source of information and a review for nursing assistants but also as an outline guide for their instructors. In fact, parts of this book might very well serve as a syllabus for courses for the professional nurse.

Fundamentals of Chemistry by L. Jean Bogert, Ph.D. 615 pages. W. B. Saunders Company, West Washington Square, Philadelphia 5, Pa. 8th Ed. 1958. Price $5.50.

Reviewed by Sister Mary Coderre, Hotel Dieu Hospital, Kingston.

This has been a well-accepted text in schools of nursing since it first appeared in 1924. Students and instructors alike will be pleased with the new edition. Although only five years have elapsed since the previous revision, a revolution in chemical theory has taken place. Previously, interest was chiefly centred on nutritional discoveries, new drugs, the creation of substances useful in industry and the home, and the possibility of peacetime uses of atomic energy was just beginning to be explored.

Now, recent scientific advancements have made us aware of the importance of training scientists for the future. Such projects as the development of long-range missiles and the exploration of outer space by means of satellites, as well as the harnessing of atomic energy for peaceful purposes, challenges the interest of all. These trends have been kept in mind in the current revisions of this book.

Nothing essential has been omitted, but the principles of organic chemistry have been condensed into eight, instead of the former eleven, chapters. A new chapter has been added on "Chemotherapy and Modern Drugs" with emphasis on the fact that the common physiological effects of certain classes of drugs are due to a common nuclear structure.

In biochemistry, new material has been added concerning the study of proteins, enzyme action, and intermediary metabolism.

In her introduction, the author observes that nursing students are apt to approach the study of chemistry by attempting to memorize a mass of isolated facts which have little meaning to them and which they are unable to utilize in their future experience. Keeping this in mind, she has throughout the text, arrived at the following objectives: (1) simplicity and clearness of wording; (2) elimination of unnecessary detail; (3) pointing out the significance of facts; and (4) stressing their application.

The subject matter is presented one step at a time, in such a way that each step seems to develop naturally from the preceding one. Laboratory experiments to accompany the text are issued separately. The busy science instructor will appreciate the excellent exercises and review questions at the end of each chapter.

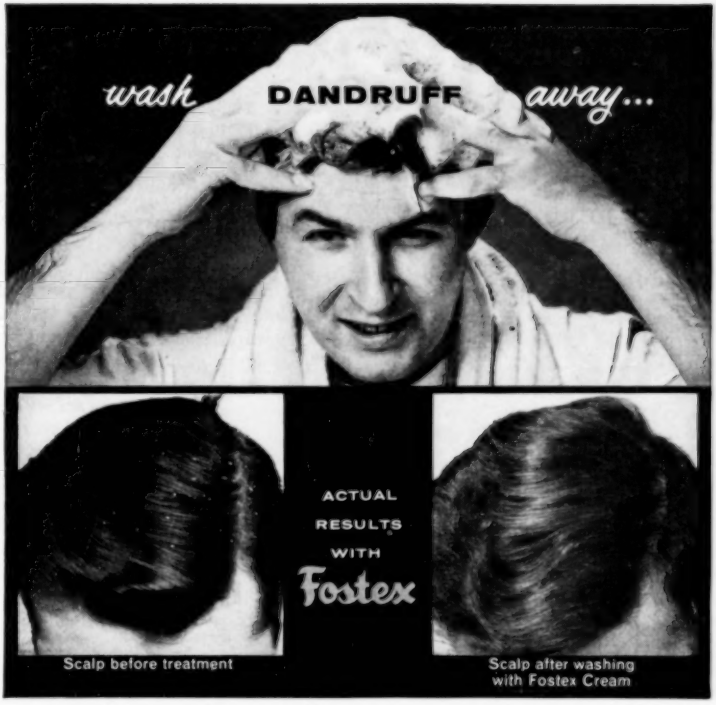
Orthopaedic Nursing by Mary Powell, S.R.N., M.C.S.P. 433 pages. The Macmillan Company of Canada Limited, 70 Bond St., Toronto. 2nd Ed. 1956. Price $4.70.

Reviewed by Miss P. Weir, Assistant Director of Nurses, Alberta Red Cross Crippled Children's Hospital, Calgary, Alta.

Miss Powell has stated clearly and simply the principles governing orthopedic treatment and nursing care. The introduction deals with a general concept of care, plaster technique, the value of physical therapy, mechanical devices and apparatus.

The more common orthopedic conditions occurring in the newborn, the child and the adult are described. Particular emphasis is placed on tuberculosis of bones and joints and on fractures. Operative procedures are not discussed or described but are simply suggested as possible methods of treatment.

In my opinion, the book has its greatest value as a reference — for libraries of hospitals dealing with orthopedic conditions and in sanatoria. It would be helpful for nursing students and ward personnel.



Fostex® CREAM

new, effective, easy-to-use treatment for seborrhea capitis

Fostex Cream is used for therapeutic washing of the scalp in dandruff . . . excess oiliness . . . seborrheic dermatitis. Fostex is effective and well tolerated. It does not contain selenium. And . . . the Fostex routine is easy . . . all the patient does is stop using his regular cleansing agent and start washing his scalp with Fostex Cream. Fostex Cream produces abundant lather for effective therapeutic cleansing.

Supplied in 4.5 oz. jars.

Write for samples and literature.

Fostex effectiveness in seborrhea capitis is provided by Sebulytic® (sodium lauryl sulfoacetate, sodium alkyl aryl polyether sulfonate, sodium dioctyl sulfosuccinate), a new combination of surface active cleansing and wetting agents with remarkable antiseborrheic, keratolytic and antibacterial action, enhanced by sulfur 2%, salicylic acid 2% and hexachlorophene 1%.

Fostex Cream is also used for therapeutic washing of the skin in acne.

Arstavood PHARMACEUTICALS, **Buffalo, New York**

Canadian Distributor: John A. Huston Company, Limited, Toronto 10, Canada

The book is well illustrated, not merely with pictures of clinical conditions — frequently "before" and "after" — but with pictures and diagrams of appliances and pieces of equipment. The directions and illustrations concerning plaster technique are simple and informative. This section is usually lacking in the majority of American orthopedic nursing texts.

The appliances and equipment are of course definitely "British," but since many of these are used throughout Canada it is very helpful to have a book in which they are described so completely.

The text is easy and interesting to read and understand. Throughout, Miss Powell stresses that "nursing is the art of tending the sick" and that "it requires the highest qualities of patience and skill to maintain the health and morale of a patient during many months of treatment in hospital."

Surgery and Surgical Nursing by Edward S. Stafford, B.A., M.D., F.A.C.S. and Doris Diller, B.A., M.A., R.N. 469 pages. W. B. Saunders Company, East Washington Square, Philadelphia, Pa. 3rd ed. 1958.

This is one of the outstanding surgical texts for nurses. The present revision has taken into account the general trend towards integration of subject material in the school of nursing curriculum.

General principles of surgery and surgical nursing care are discussed in the opening chapters. The succeeding chapters are devoted to specific anatomical areas in relation to the surgical conditions encountered and the care given. Two branches of surgery that are currently gaining significance in our general hospitals are discussed quite fully — cardiovascular and plastic surgery. In discussing surgery on the heart, the authors have also included the diagnostic procedures of the cardiac catheterization and cardioangiography.

The inclusion of a recovery room unit as part of the operating room suite is becoming an accepted feature of hospital facilities. Part of a chapter is devoted to a suggested plan for such a unit and the nursing care to be given in it. The special needs of the aged person who has had surgery and of the person with neoplastic disease receive particular consideration.

This is an attractive and useful text. It is illustrated generously; headings and sub-headings provide easy identification of subject material; reference reading lists at the end of each chapter are adequate and up to date. This has been a very satisfactory student text in past years and should prove even more satisfactory in its present form. It is further recommended for the ward library and for the school of nursing library as a valuable reference text for nurses.

The Art of Studying by Emma Spaney, Ph.D. and Louise A. Jennings, R.N., M. A. 143 pages. J. B. Lippincott Co., 4865 Western Ave., Montreal. 1958. Price $2.00.

The average girl has a certain foundation of reading and study habits before she begins her professional education. In spite of this, most nursing students discover that they must apply themselves to their studies in a fashion that they had not anticipated. "Cramming" may have helped in passing matriculation examinations but the young nurse is soon brought face to face with the fact that simply passing a written test is not enough for professional preparation. Her knowledge must be retained and applied in the practical situation.

This handy little text helps to prepare the beginner in nursing for what will be expected of her in regard to her study habits.

Practical suggestions are presented regarding study and time budgetting to help avoid the disaster of last minute "cram" sessions. Advice is offered on how to become a more efficient reader, note-taker and test-taker. Even students who feel that they already have satisfactory study habits could benefit from using these passages as a check list for their methods.

The importance of arithmetical skill in nursing activities is emphasized and direction given in improving such skill. The need for proficiency in observation and in writing intelligent nursing reports — both very necessary attributes of a nurse — are emphasized in a practical manner.

Finally, the use of the library is dealt with in some detail. This is an area in which many students appear to have had too little instruction.

This text is especially recommended as a handbook for the beginner in nursing, and as a reference book but could be equally helpful to the more mature student who is in need of study habit guidance. The convenient pocket size, clear print, generous use of headings and sub-headings, informal style of presentation and the delightful cartoons by Jean McConnell contribute to the attractiveness of this book.

Services for Children with Vision and Eye Problems. Prepared by the Committee on Child Health of the American

recent pediatric report:

all constipated babies*

all teething babies* (but one)

with gastrointestinal upset and malaise

were relieved by

Baby's Own Tablets

with complete easing of straining at stool, gas distress, disturbed sleep, restlessness, crankiness and anorexia.

REMARKABLY SAFE — "Throughout the study . . . in no instance was there any untoward reaction" whatsoever.

BABY'S OWN TABLETS provide Phenolphthalein 3/16 grain, mildly buffered with Precipitated Calcium Carbonate ½ grain, and Powdered Sugar q.s. Pleasant, convenient.

*2 months to 24 months of age.

For a sample supply and literature citing references 1-15 write . . .

Typical Case History

CASE #23. Baby M.P., age 7 months, weight 17¼ lb., had poor bowel movements with excessive straining. Stools were very hard, small, stony masses, and occasionally bloody. Baby was irritable, cranky, restless and cried incessantly. Inspissated fecal masses were palpated in the lower abdomen ('sausage').

BABY'S OWN TABLETS were given, one tablet each night at bedtime.

On examination, one week later, baby was feeling well and happy. Bowel movements were good, no straining or bleeding. Stools were soft and well formed. Abdomen was soft, no masses palpable.

G. T. FULFORD CO., LIMITED, Brockville, Ontario

Public Health Association and the National Society for the Prevention of Blindness. 108 pages. The American Public Health Association, Inc., 1790 Broadway, New York 19, N.Y. 1956.

Reviewed by Miss Christene Miller, Knowlton, Quebec.

This book should be of particular interest to school nurses or to public health nurses working with preschool and school age children. In the first section the nature of eye disabilities commonly found in children are described in clear, concise form under three general headings: 1. Sighted children with eye problems, 2. partially seeing children, and 3. blind children.

Estimates made in the United States in 1955 showed that children with eye problems of some kind which necessitated referral for care, account for one in four in the elementary school group. Suggestions on what can be done for these children by cooperation between the home, school and various community organizations is very well outlined.

Section two deals with the causes and prevention of eye defects and visual problems. The need for early recognition and prompt care of eye disorders is stressed to prevent permanent damage to the eye.

Case finding, in section three, suggests that all children be given an eye examination in their first year, particularly, premature infants. Various screening tests such as the Snellen are described, also signs which parents, teachers and nurses should watch for in the preschool and school age child for evidence of eye discomfort.

Sections four and five are devoted to diagnosis, planning for care, treatment, guidance and education. The importance of informing the child and parents about the nature of the referral and guiding them in selecting an eye specialist most appropriate to the child's condition is a professional responsibility.

Special educational facilities for the partially seeing and blind child are described. Whenever possible it is desirable for the educational needs of the visually handicapped child to be met in his own community. This need may be met by large-type books, typewriters, magnifying devices and special classes for the partially seeing child.

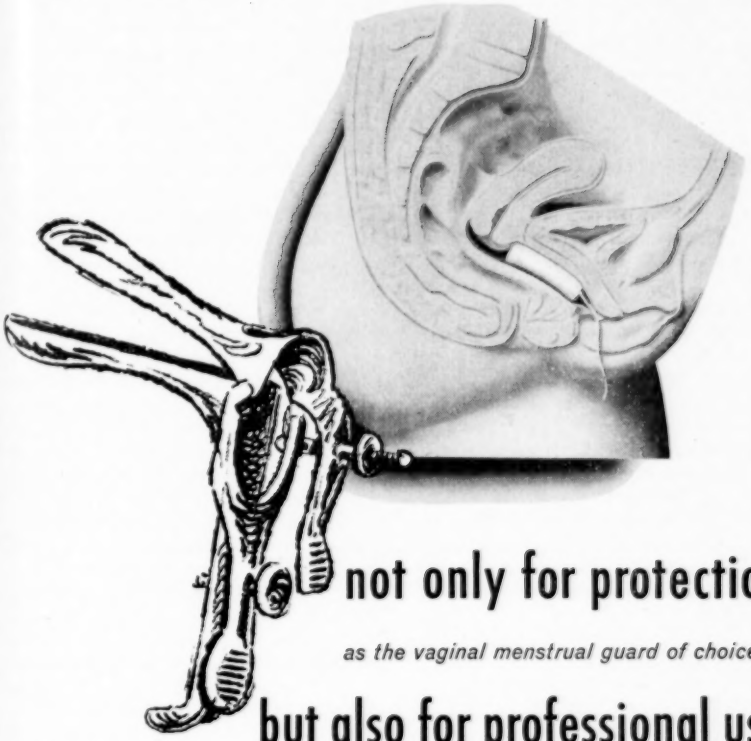
The basic approach in dealing with problems of handicapped children on a community-wide basis is much the same regardless of the type of handicap. Planning must be based on reasonably accurate knowledge of the extent and nature of the problem; with the program built on a sound basis of service in health, education, social work, and vocational guidance.

The appendices give, in concise form, a vocabulary of terms relating to the eyes as well as other pertinent information relative to the classification of blindness; procedures followed in the ophthalmic examination of children and others. The selected bibliography gives valuable source material for reference reading.

Ontario

The following is a list of the staff changes in the Ontario Public Health Services.

Appointments — *Anne MacKenzie,* (Brantford Gen. Hosp., Univ. of West. Ont.) to the Brant Co. Health Unit. *Irene (Nevin) Allen,* (Ottawa Civic Hosp., Univ. of Ottawa) to Carleton H. U. *RoseMary Tengelits,* (St. Michael's Hosp., Toronto, U. W. O.) to Chatham Board of Health. *Alice E. Sherwin,* (Toronto Gen. Hosp., Univ. of Toronto) to Dufferin Co. H. U. *Laura Butler,* (Hosp. for Sick Children, Toronto, U. W. O.), *Ann B. Parker,* (Hamilton Gen. Hosp., U. of T.) and *Doreen Cunningham,* (Toronto West. Hosp., Queen's Univ.) to Fort William and Dist. H. U. *Maureen Calcutt* (Hotel Dieu Hosp., Kingston, Ottawa Univ.) to Galt B. H. *M. Catherine Clarke,* (Kingston Gen. Hosp., U. of T.) to Guelph B. H. *Veronica M. Sheridan,* (St. Jos. Hosp., Peterborough, U. W. O.) to Haldimand School Health Service. *Betty J. Dick,* (H. S. C., Toronto, U. of T.) and *Laura M. McAdam,* (Royal Vic. Hosp., Montreal, U. W. O.) to Halton Co. H. U. *Ruth M. Hogue,* (Guelph Gen. Hosp., U. W. O.) and *Margaret M. Keogh,* (St. Mary's Hosp., Montreal, Univ. of Ottawa) to the Huron Co. H. U. *Doris L. Hebb,* (Payzant Memorial Hosp., Windsor, N.S., U. W. O.), *Audrey P. Bain,* (Hamilton Gen. Hosp., U. W. O.) and *Shirley E. Norman,* (Toronto East Gen. Hosp., U. of T.) to Dist. of Kenora H. U. *Eileen Irvine,* (Hamilton Gen. Hosp., U. of T.) to Kent Co. H. U. *Doreen R. Morrison,* (St. Jos. Hosp.,



not only for protection

as the vaginal menstrual guard of choice...

but also for professional use

to retain vaginal and cervical medications after treatment and between office visits.

to protect against seepage after cervical biopsy or cauterization.

to absorb discharges or abnormal secretions.

Three Absorbencies — REGULAR, SUPER, JUNIOR — for varying requirements.

Made of pure surgical absorbent cotton — readily available and economical.

TAMPAX COMFORTABLE • CONVENIENT • SAFE

CANADIAN TAMPAX CORPORATION LIMITED, BRAMPTON, ONT.

Hamilton, U. W. O.) to Lambton H. U. *Betty J. Gillespie,* (Toronto West. Hosp., Queen's Univ.) and *Joan E. Wallace,* (Ottawa Civic Hosp., Univ. of Ottawa) to Leeds and Grenville H. U. *Margaret Finlay,* (Kingston Gen. Hosp., U. of T.) to Lennox and Addington H. U. *Margaret E. Tape,* (O. C. H., U. W. O.) to Muskoka Dist. H. U. *Barbara A. Thompson,* (T. W. H., Queen's Univ.) to Northumberland and Durham H. U. *Ethel (Anderson) Mole,* (H. S. C., Toronto, U. of T.) to Ont. Co. H. U. (Southern Area). *Joyce Adams,* (Winnipeg Gen. Hosp., U. of T.) and *Doris M. Fawcett,* (R. V. H., Montreal, U. W. O.) to Oshawa B. H. *Nora P. Hicks,* (Victoria Hosp., London, U. of T.) to Ottawa B. H. *Kathleen Coyne,* (St. Jos. Hosp., Toronto, U. of T.) to Peel Co. H. U. *Norma Comrie,* (Ont. Hosp., Orillia, U. W. O.) to Perth Co. School Health Service. *Joan Dietrich,* (K. G. H., U. W. O.) and *Lorna M. Harris,* (Montreal Gen. Hosp., U. of T.) to Peterborough B. H. *Mary Andrews,* (St. Michael's Hosp., Toronto, U. of T.), *Elizabeth A. Mitchell,* (Victoria Hosp., London, U. W. O.) and *Marion O'Grady,* (St. Michael's Hosp., Toronto, U. of Ottawa) to Porcupine H. U. *Irene Pinch,* (Grace Hosp., Winnipeg, U. W. O.) to Port Arthur and Dist. H. U. *Prudence D'Allaire,* (Hotel Dieu Hosp., Montreal, U. of Ottawa), *Henriette Dick,* (U. of Ottawa S. of N., U. of T.), *Marie des Anges Loyer,* U. of Ottawa S. of N., Ottawa Univ.) to Prescott and Russell H. U. *Helen Austin,* (H. S. C., Toronto, U. of T.) to Scarborough B. H. *Mary Brett,* (Wellesley Division, T. G. H., U of T.), *Barbara Duke* (Royal Vic. Hosp., Barrie, U. W. O.), *Donna Gazell,* (Kitchener-Waterloo Hosp., Kitchener, U. of T.) to Simcoe Co. H. U. *Amy Karram,* (R. V. H., Montreal U. of T.), *Bobby Jean McLean* and *H. Joyce Morrison,* (O. C. H., U. W. O.) to St. Catharines-Lincoln H. U. *Shirley J. Soden,* (H. S. C., Toronto, U. W. O.) to Stratford B. H. *Dolores A. Pagnini,* (St. Jos. Hosp., Chatham, U. of T.) to Sudbury and Dist. H. U. *Mary E. McElroy,* (R. V. H., Montreal, U. of T.) to Timiskaming H. U. *Margaret Biggar,* (St. Jos. Hosp., Hamilton, U. of T.) to Welland and Dist, H. U. *Phylis M. Howard,* (Pembroke Gen. Hosp., U. of Ottawa), *Marilyn A. McCutcheon,* (Wellesley Div. T. G. H., U. of T.) and *Joanna Ostoja,* (Maidenhead Gen. Hosp., Berkshire, Eng., U. of T.) to Wellington Co. H. U. *Rosamond L. Allison,* (London Hosp., Eng., U. W. O.), *Ruth Rahn,* (Women's College Hosp., Toronto, U. W. O.) and *Joy Woodward,* (London Hosp., Eng. U. W. O.) to Wentworth Co. H. U. *Bernice Black,* (Wellesley Div., T. G. H., U. of T.), *Winnifred Jarvie,* (Victoria Hosp., London, U. W. O., U. of T.) to Windsor B. H. *Dorothy (Goodfellow) Cameron,* (Belleville Gen. Hosp., U. of T.), *Margaret (Gray) Cowie,* (T. G. H., U. of T.), *Jean (Hutchinson) Jorry,* (Wellesley Div., T. G. H., U. of T.) *Jeannette T. Poloschuk,* (St. Michael's Hosp., Toronto, U. of T.) and *Enid A. Reynolds,* (St. Jos. Hosp., Toronto, U. of T.) to York Co. H.U.

News Notes

ALBERTA

Banff

At its first fall meeting the chapter voted $25 towards the furnishings for the new provincial association building. It was decided to hold the annual meeting and election of officers in January instead of October from now on.

Camrose

The chapter is considering a suggestion that its booth at the local fair should become a First Aid Station and a centre for lost children. The annual Nightingale Ball was held on October 14.

Mrs. Nemerski was appointed secretary for the remainder of the chapter year, replacing Mrs. Renwick who has moved to Edmonton.

Miss M. Quirk reviewed the highlights of the 1958 CNA convention.

Hinton

Summer activities of the chapter included a weiner roast at Johnson's Point. Julie Gaudet is to be commended for her fine arrangements. At the Timber Festival, the chapter's booth held a display of health pamphlets. A donation of $10 is being made to the new A.A.R.N. building.

Medicine Hat

There were 23 members at the October meeting when the sum of $100 was voted

In feminine hygiene and therapy

Massengill Powder

An astringent, soothing vaginal douche, therapeutically valuable in the management of infection and as a routine cleansing agent. Its refreshing odor appeals to the most fastidious patient. Available in 3 and 6 oz. jars. Samples on request.

THE S. E. MASSENGILL COMPANY
FORT ERIE, ONTARIO

toward the furnishings for the new provincial headquarters. The Community Nursing Registry received 31 calls during the previous month — was unable to fill seven of them. It was decided to purchase a Canadian Legion poppy wreath, to be placed on the Cenotaph on Remembrance Day. A refresher course for inactive nurses is being planned for early next year.

PONOKA

Mrs. Thumlert, the chapter's representative at the CNA convention in Ottawa gave a stimulating report of the meetings. It was proposed that a donation to the A.A.R.N. new building take the form of furniture and lamps made in the occupational therapy department at P.M.H.

The following officers were elected for the coming year: President, Mrs. J. Crowhurst; vice-president, Mrs. D. Scott; secretary-treasurer, Mrs. N. Kinnear; Program Committee, Misses C. Sundberg, M. Stokes and Mrs. K. Hughes.

VERMILION

The ten members present voted $100 of chapter funds toward the furnishings for the association's new building. Some $65 was cleared at the Street Dance held last summer while the picnic supper brought in $55.

BRITISH COLUMBIA

KAMLOOPS-OKANAGAN DISTRICT

The semi-annual dinner meeting was held on October 17 with Penticton Chapter as hostess. Tables were tastefully decorated with baskets of autumn flowers and with colored ribbons indicating group seating.

Miss Catherine Leask, president of the Penticton Chapter, welcomed the seventy-six guests from Revelstoke to Oliver and one from Vancouver, including three Future Nurses' Club members.

Reports were presented from each chapter with a brief summary of Future Nurses' Club activities. Salmon Arm Chapter is the "baby" of the district, having been organized only a few weeks.

Reports were also given by the public relations officer of the district, and from the executive of the British Columbia Registered Nurses' Association. Mrs. John Pearson, president of the District Association, conducted the business of the meeting.

Guest speaker of the evening was Miss Iris Ramsey, head of the pediatric department of the Royal Inland Hospital, Kamloops, being introduced by Miss Fern Trout, matron of Penticton General Hospital. Her subject was the Canadian Nurses' Association Biennial Convention held in Ottawa. Miss Christine Sinclair of Kelowna offered the thanks of the gathering for the most interesting address. Officers elected were: President, Miss Mary Rowles; vice-president, Miss K. C. Woods, Mrs. H. E. Thorburn, Mrs. R. dePfyffer. Offices of secretary-treasurer and public relations officer were left open for later appointment by the executive.

An invitation was extended to the association by the Kelowna Chapter for the spring convention.

NEW BRUNSWICK

MONCTON

The first fall meeting of the Nurses' Hospital Aid was held in the classroom of the nurses' residence with the president, Mrs. Walter Buxton, in the chair. Twenty-two members were present and two new members were welcomed.

Mrs. Nash Smith gave a very favorable report regarding the Aid's concession which is now operated in the main lobby of the Moncton Hospital. A display of Christmas

THAT ALL UNIFORMS CLOTHING AND OTHER BELONGINGS ARE MARKED WITH

CASH'S NAMES

Permanent, easy identification. Easily sewn on or attached with No-So Cement. From dealers or CASH'S Belleville 5, Ont.

CASH'S: 3 Doz. $1.80; 9 Doz. $3.00; NO-SO NAMES: 6 Doz. $2.40; 12 Doz. $3.50; 35¢ per tube

cards and a Penny Bingo were planned for the next meeting.

Entertainment for the evening was supplied by Mrs. Myra MacDonald. The mystery box was won by Mrs. Mildred Carson. A social hour followed the meeting when Mrs. Lola Geldart presented a gift to Mrs. James Innis who will be moving from Moncton in the near future.

ONTARIO

District 1

Windsor

Grace Hospital

Many alumnae members have contributed to the Alice M. Brett Furnishing Fund for Grace Hospital extension. The total is now over $1,100. Miss Marjorie Robson and Miss Helen Palmer have been home on furlough from India.

District 5

Toronto

Toronto Western Hospital

The alumnae association held a very enjoyable bridge night early in October in the dining-room of the hospital. There were many prizes and a delicious lunch was served.

At the regular fall meeting, Dr. Donald Wilson gave an illustrated talk on the present status of cardiac surgery. Miss Frances Matthews reported on the CNA meeting in Ottawa.

The annual hospital dance sponsored by the alumnae will be held in the Concert Hall of the Royal York Hotel on March 5, 1959.

Miss Marlene Luttrell was awarded the Beatrice L. Ellis Scholarship given by the alumnae. Miss Luttrell is taking the course in nursing administration at the University of Toronto. Miss Laura McDougall, associate director of Nursing Service, has retired after many years of active work. Miss Eva Hamilton retired from the obstetrical department. Miss Lenna Smith is specialling at T.W.H. Mrs. Florence (Inch) Underwood has returned to T.W.H. as a head nurse after one year at Guelph General Hospital. Miss June Scott (1953) is attending the University of Toronto.

District 6

Belleville

General Hospital

A weiner roast marked the end of the Alumnae Association's year. Inclement weather prevented the affair being held at Mrs. Emma Dowsett's cottage as planned but the large turn-out of members had a gay time at Ritchie Memorial Residence.

During the summer, the class of 1933 held their 25th anniversary celebrations, touring the hospital, dining at Maple Inn and flocking to the "Open House" at Mrs. Ruth Evans'. Later on, the class of 1953 held their first reunion with 16 of the 21 members present.

A class of 30 students entered their training this autumn.

The following executive officers were installed at the September meeting: President, Marion Gomme; vice-presidents, V. Kazarks, Mrs. E. Quinsey, Mrs. D. Taylor; secretary, Joan Vaughan; treasurer, Mrs. J. Connell.

District 8

Ottawa

The Nurses' Alumnae of the Ottawa General Hospital and School of Nursing of the University of Ottawa held their annual supper meeting on September 11.

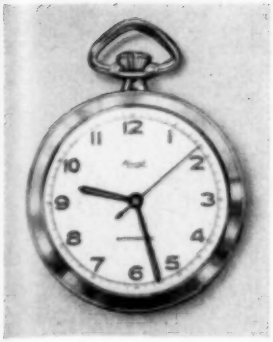
Special guests included: Father R. Gendron and L. Gravel, o.m.i., Mrs. Mary Fyfe, a 50-years graduate, who received a lifetime alumnae membership; the 1958 graduating class. Many other nurses from various parts of Canada were present. The five years and ten years graduates were grouped. The buffet was preceded by a benediction ceremony in the Chapel of the Mother House of the Grey Nuns.

QUEBEC

Montreal

This year's bursary for advanced study in nursing, offered by the English Chapter, District XI, has been awarded to Miss Gloria Gatehouse, a graduate of the Montreal General Hospital. Since receiving her diploma in teaching and supervision from the McGill School for Graduate Nurses Miss Gatehouse has been on the staff of the Montreal General Hospital as a head nurse. The bursary will enable her to complete requirements for her degree in nursing.

The Nursing Education Committee, under the chairmanship of Miss M. Flander, recently sponsored a work conference on "Improving Work Relationships." The group spent a week at the Laurentide Inn, St. Agathe



NURSES!

Nurses . . . either student or graduate . . . anyone in the medical field, will find this dependably accurate, pocket size watch a great convenience.

Gracefully thin, it has a full figure luminous dial with large, red, sweep second hand and divided minute track for easy reading. Guaranteed for 90 days, your money back if not completely satisfied after 10 days trial.

ONLY $5.95

They are imported — Canadian supply is limited — so act today. Send postal order for only $5.95 and your watch will be mailed postpaid immediately.

R. S. Leduc

Manufacturers Agent

1475 METCALFE STREET
MONTREAL, P.Q.

des Monts, working together in small groups to develop insight and understanding through skill training exercises. Individual members were given an opportunity to experience the various roles in group work and, through this, to develop a concept of shared leadership. General sessions included, among others, such activities as dramatizations, role playing and the showing of films.

Each session was evaluated, as was the total conference. Those who attended were most enthusiastic. Their evaluations included reports of many benefits from this week of living and working together, such as: an increased understanding of themselves and others; an opportunity to learn to work with a group; the development of more self-confidence; and an increasing awareness of the problems involved in work relationships and some methods of solving them. They felt that this experience would help them to see problems in a different light and with greater understanding. The work conference as a method of learning met with overwhelming approval and it is hoped that, in the not too distant future, another such conference can be planned.

SASKATCHEWAN

Swift Current

Mrs. F. Verret presided at the dinner meeting attended by 27 members. She conducted a business session preceding the guest speaker's talk.

Mrs. Sid Wik reported on the bingo which the chapter conducted at the Prairie Pioneer Lodge, expressing the gratitude of the lodge residents for the evening's entertainment.

There was a discussion on the project to be chosen for this year, further plans will be announced at a later meeting. Mrs. S. Drozdowski, program convener, reported arrangements have been made for the annual Christmas dance. Rev. W. J. Bell was invited to address the next meeting on the subject of his recent trip to Japan.

Guest speaker, Miss Louise Miner of the provincial Department of Public Health, explained the functions of the three standing committees of the Registered Nurses' Association. She reviewed the work of the local chapter showing how it tied in with the program of the SRNA. She commended the nurses on their work in the public interest. The day nursery at the Frontier Days Fair was mentioned as an unusual public service.

Nursing education was furthered by the interviewing of high school students who expressed interest in the nursing profession and attention given nurses-in-training, Miss Miner said.

The speaker also commended the local nurses on the large sums they have raised and used for the Union hospital, for furnishings in the new Nurses' residence and the money donated to such worthy projects as the Prairie Pioneer Lodge.

1958 INDEX

SUBSCRIBERS WISHING TO RECEIVE COPIES OF THE

1958 Index

ARE REQUESTED TO COMPLETE THIS COUPON AND MAIL IT TO

THE CANADIAN NURSE
1522 Sherbrooke St. West
MONTREAL 25, QUEBEC

Please print all details.

Name .....

Street .....

City ..... **Zone No.** ..... **Prov.** .....

Number of copies desired .....

Malaria

The WHO has recently carried out a survey in 99 countries in connection with the efforts which are being made by the Organization for the eradication of malaria. Some interesting statistics are included in a Special Feature Memorandum issued by the Division of Public Information of WHO. It is noted, for example, that ten years ago 300,000,000 people suffered yearly from malaria with 3,000,000 dying each year of the disease. Because of the intensive program against the disease which the WHO has been carrying out, these figures have now reduced by 50 per cent. Malaria remains one of the most urgent international problems, since three-quarters of the world's population live in malarial areas.

—*I.C.N. Monthly News Letter*

* * *

The acute diseases — those developing rapidly or coming speedily to a crisis — accounted for over 40 percent of the deaths at the turn of the century; currently the proportion is not quite 10 percent. During the same period the chronic diseases — those of long duration, or characterized by slowly progressing symptoms — increased from 46 percent of the deaths to 81 percent.

Progress in the control of the acute diseases is illustrated by the experience for pneumonia and influenza. At the beginning of the century, these diseases had a combined death rate of about 200 per 100,000 population and led all causes of death. In recent years they have ranked sixth, with a death rate averaging less than 30 per 100,000.

The major cardiovascular-renal diseases and cancer currently account for 54 percent and 16 percent, respectively, of all deaths. Thus, together they now include 70 percent of the total mortality.

— Metropolitan Information Service

CNA Retirement Plan

In order to qualify for 1958 tax exemptions, members must make application for the CNA Retirement Plan before December 1, 1958. Contributions made up to February 10, 1959, will qualify for 1958 tax exemptions.

NURSING WITH INDIAN AND NORTHERN HEALTH SERVICES

OPPORTUNITIES

REGISTERED HOSPITAL NURSES, PUBLIC HEALTH NURSES, AND CERTIFIED AUXILIARY NURSES

for Hospital Positions and Public Health Positions in Outpost Nursing Stations, Health Centres and Field Positions in the Provinces, Eastern Arctic Northwest Territories and the Yukon Territory.

SALARIES

(1) Public Health Nursing Supervisors: up to $5,220 depending upon qualifications and location.

(2) Directors of Nursing in Hospitals: up to $4,950 depending upon qualifications and location.

(3) Public Health Staff Nurses: up to $3,780 per year depending upon qualifications and location.

(4) Hospital Staff Nurses: up to $3,540 per year depending upon qualifications and location.

(5) Certified Nursing Assistants or Licensed Practical Nurses: up to $200 per month depending upon qualifications and location.

- Room, Board and Laundry in residence at reasonable rates. Statutory holidays. Three weeks' annual leave with pay. Generous sick leave credits. Hospital-Medical and superannuation plans available.
- Special pay and leave allowances for those posted to isolated areas.

For interesting, challenging, satisfying work apply to — Indian and Northern Health Services at one of the following addresses:

(1) Regional Superintendent, 4824 Fraser Street, Vancouver, B.C.

(2) Regional Superintendent, 11412-128th Street, Edmonton, Alberta.

(3) Regional Superintendent, 735 Motherwell Building, Regina, Saskatchewan.

(4) Regional Superintendent, 803-9 Confederation Life Building, 457 Main Street, Winnipeg, Manitoba.

(5) Regional Superintendent, 4th Floor, Booth Building, 165 Sparks Street, Ottawa, Ontario.

(6) Zone Supervisor of Nursing, Box 493, North Bay, Ontario.

(7) Zone Superintendent of Indian Health Services, P.O. Box 430, Upper Town, 3 Buade Street, Quebec 4, P.Q.

or

Chief, Personnel Division, Department of National Health and Welfare, Ottawa, Ontario.

Employment Opportunities

ADVERTISING RATES — *$5.00 for 3 lines or less; $1.00 for each additional line.*
U.S.A. & Foreign — *$7.50 for 3 lines or less; $1.50 for each additional line.*

Closing date for copy and cancellations: 10th of the month preceding the month of publication. All letters should be addressed to: The Canadian Nurse Journal, 1522 Sherbrooke St. W., Montreal 25, Quebec.

Assistant Director of Nurses, Clinical Instructor and Staff Nurses. Rehabilitation nursing in crippled children's center. Top salaries. For further information, write Crotched Mountain Rehabilitation Center, Greenfield, New Hampshire, U.S.A.

Supervisor (1), Head Nurse (1), General Duty Nurse (1) for 106-bed hospital. New hospital opening in July & new nurses' residence opening in February. For further information please apply: Director of Nursing, Prince George & District Hospital, Prince George, British Columbia.

Supervising Nurse to help plan, equip & operate a new & modern intensive care unit of 21-beds to be opened in the spring of 1959. Position available at once. Salary range between $345 - $410 depending on training & qualifications. Write, wire or call, collect, Director of Nursing, Samuel Merritt Hospital, Oakland, California, OLympic 5-4000.

Night Supervisor (8:00 p.m.-8:00 a.m.) 4 nights weekly for small Tuberculosis Hospital. Write stating age, experience, when available to Director of Nursing, Grace Dart Hospital, 6085 Sherbrooke Street East, Montreal, Que.

Night Supervisor for 74-bed hospital with planned extension. Gross salary schedule $250 — $280 depending on experience & qualifications. Favorable personnel policies & pleasant working conditions in the heart of the Lake of the Woods sports area. Apply Superintendent, General Hospital, Kenora, Ontario.

Assistant Night Supervisor — Head Nurses for Medical & Surgical Wards — **General Duty Nurses** for 450-bed hospital with training school. Excellent personnel policies. Apply to: Director of Nursing, St. Joseph's Hospital, Victoria, British Columbia.

Administrative Supervisor — Pediatric Dept. 30-bed unit in modern hospital; good personnel policies. Apply: Director of Nursing, Civic Hospital, Peterborough, Ontario.

Nursery Supervisor a Graduate Nurse with previous nursery experience; **General Duty Nurses; Certified Nursing Assistants** for a 70-bed General Hospital with an expansion program. Residence accommodation. For further information apply to Miss Katharine King, Director of Nursing, Ross Memorial Hospital, Lindsay, Ontario.

Obstetrical & Operating Room Nurses with postgraduate, or experience, for new small hospital opening January 1959, 40-hr-wk. Apply Superintendent, The Cottage Hospital, (Uxbridge), Ontario.

Assistant Head Nurses excellent personnel policies. Apply Director, Shriners' Hospital for Crippled Children, 1529 Cedar Avenue, Montreal, Quebec.

Superintendent for modern 25-bed hospital. Apply stating qualifications & salary expected, to Mrs. Emery Robertson, Supt., Tobique Valley Hospital, Plaster Rock, New Brunswick.

Assistant Matron with postgraduate preparation for 140-bed hospital with building program in operation. For further particulars, write Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses. Excellent opportunities in **Private Nursing** are available in Bermuda. Rates similar to those in effect in Province of Quebec. For information regarding openings write to Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurse (1) Licensed Practical Nurse (1) immediately, for 10-bed hospital, salary R.N. $275 per mo., L.P.N. $190 less $25 per mo. full maintenance, living quarters in hospital. Apply: Birch River Hospital Unit, Birch River, Manitoba.

Registered Nurses (2) for 16-bed hospital 130-mi. west of Winnipeg. Salary $265 gross with increments of $5 every 6-mo. for 4 increases; 8-hr. day; 44-hr. week. 10 statutory holidays; 3-wk. vacation first yr. then 4-wk. Living quarters in hospital; room & board $35 per mo. Apply: Secretary or Matron, Memorial Hospital, Crystal City, Manitoba.

Registered Nurses for modern hospital, comfortable home. Starting salary $250 per mo., maintenance $35 per mo. Apply: Superintendent, Lorne Memorial Medical Nursing Unit, Swan Lake, Manitoba.

Registered Nurses; for 50-bed Hospital, Obstetrical & General Duty. Rotating shifts, 40-hr. wk. Apply: Director of Nursing, Ajax & Pickering General Hospital, Ajax, Ontario.

Registered Nurses for general duty in all departments — including operating room, premature & newborn nursery. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Registered Nurses and Operating Room Nurse for modern 60-bed general hospital 40-mi. south of Montreal. Salary $250 per mo. $5. increase every 6-mo. for 5 increases. Monthly bonus for permanent evening & night shifts, 44-hr. wk. Board & accommodation available in new motel-style nurses' residence. Apply: Supt. Barrie Memorial Hospital, Ormstown, Que.

Registered Nurses or equivalent European training (3) for 30-bed rural General Hospital. Starting salary $160 per mo. full room & board free, Blue Cross paid, 46-hr. wk. 8-hr. general duty, 1-wk. vacation each quarter (1/4), 20-mi. from Ottawa. Skiing, skating, swimming, boating etc. Apply to: Miss Hardy, Matron, Gatineau Memorial Hospital, Wakefield, Que.

Registered Nurses (2) $260 per mo. with increments each yr. 3-wk. vacation & sick leave, residence on grounds. Apply to Secretary, Vanguard Union Hospital, Vanguard, Sask.

Registered Nurses: Positions available in all areas & on all shifts. Ultra modern, new 254-bed General Hospital located in the heart of beautiful sunny Castro Valley, just 30 minutes drive from San Francisco. This is a busy residential community which offers casual California living at its very best. Many excellent schools & colleges within easy commuting distance. Progressive personnel policies include free hospital & surgical insurance, paid sick leave, paid vacations, 7 recognized holidays & other benefits. No split shifts; evening & night duty salary differential, also differential paid for operating room, delivery room & nursery service. Uniforms laundered free. Basic salary for general staff duty, $320 per mo. Salaries for other positions commensurate with assignments. Please write: Personnel Manager, Eden Hospital, 20103 Lake Chabot Road, Castro Valley, Calif.

Registered Nurses— Salary $325-$360 in 18 mo. differential on p.m. shift $1.50, nights $1. Openings in Obstetrical & Medical-Surgical areas. Apply to Personnel Dept. Woman's Hospital, 432 E. Hancock Ave., Detroit 1, Michigan.

Registered Nurses for 88-bed voluntary non-profit hospital in Community of 11,000. Basic salary $295 per mo. with increments of $5 every 6-mo. up to 2-yr.; 40-hr. wk.; 7 paid holidays; sick leave accumulative to 36-dy. Address inquiries to: Director of Nurses, St. John's Hospital, Red Wing, Minnesota.

Registered Nurses: Spend your winter in the Sunny Southwest — New Mexico, "The land of Enchantment". Vacancies for staff duty in Medicine, Surgery, Obstetrics, Pediatrics, and Operating Room. Salaries $285-$315, days; $10 differential for evenings & nights; $15 differential, operating room. No shift rotation. Excellent job benefits. Board and room in nurses' residence, $43 per month. Free transportation via 1st Class Air travel to Albuquerque and return in exchange for a 1-yr. employment contract. Write or call collect Mrs. Margaret Nelson, Director of Nursing, Presbyterian Hospital Center, 1012 Gold Ave. S.E. Albuquerque, New Mexico. Phone 3-5611.

Registered Nurses & Certified Nursing Assistants (immediately) for 73-bed General Hospital on Lake of the Woods. Favorable salaries & personnel policies. Living conditions available. Apply Superintendent, Kenora General Hospital, Kenora, Ontario.

Registered Nurses & Certified Nursing Assistants for new expanding 88-bed hospital in a pleasant progressive town. **General Duty Registered Nurses** start $220, annual increments to $240, **Certified Nursing Assistants** $150, annual increments to $180. 2-wk. shift rotation, bonus for 4-12 & 12-8 shifts. Accumulated sick leave to 60-dy. Only 1-hr. drive to Toronto, to other cities & resort areas. Local swimming pool, artificial ice arena, bowling, etc Apply: Director of Nursing, Dufferin Area Hospital, Orangeville, Ontario.

Registered Nurses & Licensed Practical Nurses (Male & Female) staff positions available on general staff & special departments for 250-bed nonsectarian hospital located on beautiful Allison Island, Miami Beach, Florida. Accommodations for living-in available. Apply: Director of Nursing Service, St. Francis Hospital, Inc., Miami Beach 41, Florida.

Registered Nurses for General Staff & Operating Room in modern hospital (opened in 1956). Situated in the Nickel Capital of the world, pop. 50,000. **Salary: $260 per mo.** with semi-annual merit increments, **plus annual bonus plan.** Recognition for experience. Excellent personnel policies. Assistance with transportation can be arranged. Apply Director of Nursing, Memorial Hospital, **Sudbury,** Ontario.

Registered Nurses for General Duty Staff. Salary commences at £40-10-0 per mo. with full maintenance. Transportation allowance. For full particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.

Registered or Graduate Nurses for 110-bed municipal hospital situated in the Peace River district of Northern Alberta. Salary $250 gross. $5 per mo. increase each 6-mo. up to 4 increases. 8-hr. shifts-44-hr. wk. 3-wk. vacation with pay after 1-yr. service. Statutory holidays. Accommodation in nurses residence, $30 per mo. Also **Evening & Night Supervisors** wanted. Salary open. Apply to, Sec.-Treas. M. G. Stanton, Grande Prairie Municipal Hospital District #14, Grande Prairie, Alta.

Surgical Registered Nurses, Staff Registered Nurses for 240-bed General Hospital. 40-hr. wk. 15 working days; paid vacation; 7 paid holidays; sick leave. Surgery starting base pay $338 stand by & call back time extra. **Staff R.N.** starting pay $322 monthly; regular pay increases; P.M. & night differential $10. Apply: Yolo General Hospital, P.O. Box 210, Woodland, California.

Registered General Duty Nurses (2) immediately for 76-bed fully modern hospital on C.P.R. main line & Trans-Canada Highway to Calgary & Banff. Gross salary: $240 per mo. Perquisites $30. $5.00 increment every 6 mo. 8-hr. day, 44-hr. wk. 1 mo. annual vacation with pay. Sick leave with pay. Apply to Matron, Brooks Municipal Hospital, Brooks, Alta.

Registered General Duty Nurses. Salary: $230 per mo. 40-hr. wk. Apply Director of Nursing, General Hospital, Cobourg, Ontario.

Registered General Duty Nurses (3) for modern 17-bed General Hospital, situated in the coal mining & oil fields, close to U.S.A. & large shopping centers. Salary $260, good policies. For further information please. Apply: Mr. Ivan Antonichuk, Sec. Mgr. Bienfait Coalfields Union Hospital, Bienfait, Saskatchewan.

Registered General Duty Nurses for 118-bed General Hospital along the shores of Lake Michigan, 25 mi. from Chicago. Salary: $340 for days, $370 for evenings, $360 for nights. 5 day wk. Good personnel policies. Apply Personnel Director, Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

General Duty Registered Nurses for 100-bed general hospital in town of 6000 on the shore of Lake Huron. Good personnel policies, residence accommodation available. Apply: Superintendent, Alexandra Marine & General Hospital, Goderich, Ontario.

General Duty Registered Nurses & Operating Room Nurse (1) for new 56-bed hospital on Georgian Bay. Attractive residence. Gross salary $225 per mo. for general duty, 44-hr. wk. All statutory holidays, 12-dy. sick leave. 3-wk. vacation after 1-yr. Apply to Director of Nursing, Meaford General Hospital, Meaford, Ontario.

General Duty Graduate Nurses (2). Salary $260 per mo. with annual increments of $10 per mo. Room, board & laundry: $40. 28-day vacation after 1-yr. service. All statutory holidays paid. Customary sick leave. Graduate complement, 5. Apply giving full details to Matron, Slocan Community Hospital, New Denver, B.C.

General Duty Nurses (3) for 64-bed hospital, salary $250 less $35 for room & board, $5 increase after 6-mo. for 6 increases, 44-hr. wk. 4-wk. paid vacation after 1-yr. service. Statutory holidays, 1½-dy. sick leave per mo. Transportation up to $50 refunded after 1-yr. service. Apply: Sister Superior, Providence Hospital, High Prairie, Alberta.

General Duty Nurses for R. W. Large Memorial Hospital United Church of Canada at Bella Bella 300-mi., north of Vancouver on B.C. Coast. Transportation refunded after 1-yr., Apply to, Matron, R. W. Large Memorial Hospital, Bella Bella, British Columbia.

General Duty Nurses for new 60-bed acute General Hospital on Vancouver Island. R.N.A.B.C. contract in effect, new residence, good personnel policies. Further information from Director of Nursing, Campbell River & District General Hospital, Campbell River, British Columbia.

General Duty Nurses for a new 26-bed hospital in the Fraser Valley, 100-mi. from Vancouver. Good personnel policies, accommodation available in a new residence. Apply Director of Nurses, Fraser Canyon Hospital, Hope, British Columbia.

General Duty Nurses: Starting salary $260 — $312, for those with 2 yrs. nursing experience $273, annual increment $13, full maintenance $45 per mo., 10 statutory & 28 annual holidays, 1½ days' sick leave per mo. accumulative indefinitely, very active town, world famous Cariboo cattle country, annual Stampede. Apply: Director of Nurses, War Memorial Hospital, Williams Lake, British Columbia.

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia.

General Duty Nurses (2) for small sized hospital in Georgian Bay District. Rotating shifts, 8-hr. duty, 5½-day wk. Apply Superintendent, Chesley & District Memorial Hospital, Chesley, Ontario.

General Duty Nurses for an accredited 64-bed hospital. Starting salary: $235 per mo. with annual increments. Good personnel policies with sick leave benefits, holidays & paid vacation. Residence accommodation available. Apply Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario.

McKellar General Hospital, Fort William, Ontario requires **General Duty Staff Nurses** interested in coming to northwestern Ontario. Basic salary, $240 per mo. Good personnel policies. Renovation program now complete. Openings in all departments. For further information apply to the Director of Nursing.

General Duty Nurses for modern 42-bed hospital, starting salary, new graduates $255 with two (2) yr. experience $270 provided Ontario registration is obtained; these rates to be revised October 1st. Ontario registration required for maximum salary. Annual increments, 6% bonus for evening & night shifts. 44-hr. wk. with 8 statutory holidays, annual vacation 21 days first yr. 28-dy. thereafter, monthly sick time allowance. Good living accommodations available. Apply to: Nursing Supervisor, Sioux Lookout General Hospital, Sioux Lookout, Ontario.

General Duty Nurses for 163-bed Tuberculosis Sanatorium. Good salary & personnel policies. Residence accommodation available. Please apply Director of Nurses, Sudbury & Algoma Sanatorium, P.O. Box 40, Sudbury, Ontario.

General Duty Nurses for 100-bed modern hospital in south western Ontario. Please apply to: Director of Nurses, Tillsonburg District Memorial Hospital, Tillsonburg, Ontario.

General Duty Nurses for permanent night duty, 8:00 p.m.-8:00 a.m. 4 nights weekly & 2 nurses for day duty 8:00 a.m.-4:00 p.m. Write stating age, experience, when available to Director of Nursing, Grace Dart Hospital, 6085 Sherbrooke Street East, Montreal, Que.

General Duty Nurses (English speaking) for 466-bed hospital. Nurses' residence available. Salary: $315, California registered — $285, Canadian registered. $22.50 differential for 3-11 & 11-7 shifts. Apply Cedars of Lebanon Hospital, 4833 Fountain Ave., Los Angeles, Calif.

Attention! General Duty Nurses 400-bed County Hospital located 2 hr. drive from San Francisco, ocean beaches & mountain resorts in modern & progressive city of 35,000. 40-hr. 5-day wk., 3-wk. pd. vacation, 11-pd. holidays, pd. sick leave, retirement plan & social security. Accommodations in Nurses' Home, meals at reasonable rates, uniforms laundered without charge. Starting salary $333 per mo. plus shift & service differentials. Must be eligible for California Registration. Write Director of Nursing, Stanislaus County Hospital, 830 Scenic Drive, Modesto, California.

General Duty Nurses for 600-bed teaching hospital in central California. Inservice educational program. Salary $337 — $396; 40-hr. wk. 11 holidays yearly, retirement & sick leave plan. Differential of $20 per mo. PM shift; $15 night shift; Write Personnel Director, 732 East Main St. Stockton, California.

General Duty Nurses for 50-bed General Hospital located in college town in mountainous portion of Colorado. Salary: $300 per mo. with periodic increases. Fringe benefits include meals, uniform laundry, sick leave & vacation. Registration requires 3-mo. training in psychiatry & pediatrics on a segregated service. Apply Superintendent, Community Hospital, Alamosa, Colorado.

General Duty Nurses for 120-bed modern general hospital. Salary open. Located on the beautiful Niagara Frontier. Centrally located in Buffalo, New York, 15-min. from Niagara Falls, 1½-hr. from Toronto. Apply: Buffalo Columbus Hospital, 300 Niagara Street, Buffalo 1, New York.

General Duty Nurses & Operating Room Nurses for 434-bed hospital; 40-hr. wk. Statutory holidays. Salary $250-$312. Credit for past experience & postgraduate training. Annual increments; cumulative sick leave; 28 days annual vacation; B.C. registration required. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

General Duty Nurses & Certified Nursing Assistants for 86-bed hospital. Living accommodation available. Collingwood is situated on Georgian Bay & is noted as a vacation land in summer with 7-mi. of sand beach, along with great skiing on the Blue Mountains in winter. For further information apply Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

Graduate Nurses for 70-bed General Hospital. Salary $260-$280; 5-day wk., 28 days vacation plus 10 statutory holidays, after 1 yr. Apply: Matron, St. George's Hospital, Alert Bay, British Columbia.

Graduate Nurses for new 140-bed hospital. 1. Charge nurse for Central Supply, to open and organize dept. 2. Head nurse for Pediatric dept. 3. Head nurse for men's Medical and Surgical 24-bed dept. 4. Operating Room nurse (1) 5. General duty nurses. Positions 1 to 4 all to have postgraduate courses or equivalent in experience. Salaries and personnel policies in accordance with R.N.A.B.C. Positions open August to November 1. Apply, Director of Nursing, General Hospital, Chilliwack, B.C.

Graduate Nurses: For new 63-bed hospital, 30 miles from Vancouver in the Fraser Valley. For Salary rates & Personnel policies. Apply: Director of Nursing, Maple Ridge Hospital, Haney, British Columbia.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & postgraduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

General Staff Nurses for 370-bed approved General Hospital with intern & resident program. $315 per mo. starting salary. $15 per mo. merit increases at 12, 24 & 36 mo. 40-hr. wk. 2-wk. paid vacation, paid sick leave, 7 paid holidays. Pleasant coast city in outstanding recreational area. Apply Director of Personnel, Seaside Memorial Hospital, Long Beach 13, California.

Staff Nurses for 250-bed General Hospital, located on the Bay of Quinte; approved School of Nursing; planned In-Service education program; desirable personnel policies. For further information, Apply to: Director of Nursing, General Hospital, Belleville, Ontario.

Staff Nurses 600-bed general & tuberculosis teaching institution in central valley City. Accredited State & Junior Colleges in immediate vicinity, Liberal personnel policies. Salary $320-$360. Full maintenance available. Write — Director of Nursing Service, Fresno County General Hospital, Fresno 2, California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

Pediatric Nurses for 100-bed Pediatric teaching hospital; air conditioned. Good personnel policies. Base salary-rotation $290 per mo. Evenings or night $304 per mo. Apply: Director of Nursing Service, University of Texas Medical Branch, Galveston, Texas.

Operating Room & General Duty Nurses for expanding active 350-bed General Hospital. 8-hr. day, 5-dy. wk. with 3-wk. vacation for 1st & 2nd year; thereafter, 4-wk. Apply: Director of Nursing, Port Arthur General Hospital, Port Arthur, Ontario.

Operating Room Nurse (P.M.) for 147-bed General Hospital located in a beautiful residential surburb along the North Shore of Chicago. Modern ranch style nurses' homes with attractively furnished private bedrooms. 40 hr. wk. Salary: $365 for days, $395 for evenings. Other employee benefits. Contact the Personnel Director, Highland Park Hospital Foundation, Highland Park, Illinois.

APPLICATIONS ARE REQUESTED BY

WOODSTOCK GENERAL HOSPITAL

FOR HEAD NURSE, MEDICAL FLOOR 3-11

ALSO GENERAL STAFF NURSES

5 DAY WEEK, GOOD PERSONNEL POLICIES

APPLY TO: DIRECTOR OF NURSING, WOODSTOCK GENERAL HOSPITAL, WOODSTOCK, ONTARIO

Operating Room, Obstetrical, General Duty Registered Nurses & Nurse Anesthetist to staff remoded General Hospital in Seattle. Room & meals provided plus salary. Contact, Director of Nursing, Riverton General Hospital, 12844 Military Road, Seattle 88, Washington.

Public Health Nurse for area including Township of North Dumfries, Village of Ayr & Wilmot Township School Area No. 1, in the County of Waterloo. Applicant must have car. Apply in writing, stating qualifications, experience, references & salary expected, to Hugh C. Elliott, Sec. Treas. Public Health Nurse Committee, 27 Dickson Street, Galt, Ontario.

Public Health Nurses: required in a generalized program in rural & semi-urban area adjacent to metropolitan Toronto. Excellent working conditions including pension plan, group insurance & transportation arrangements. Write: Dr. R. M. King, York County Health Unit, Newmarket, Ontario.

Public Health Nurse, qualified, for general program 20-mi. from Toronto. Salary range $3,250 — $4,000. Allowance for experience. 4-wk. vacation; cumulative sick leave; Blue Cross Group Insurance; Pension Plan. Apply: The Director, Ontario County Health Unit (Southern Area), Pickering, Ontario.

Public Health Nurses for generalized program, rural & urban. Salary range $3,300-$4,300, annual increment $200, pension plan, Blue Cross, 4-wk. vacation, cumulative sick leave. Apply: J. R. Mayers, M.D., D.P.H., Director, Norfolk County Health Unit, 58 Peel Street, Simcoe, Ontario.

Nurses for floor duty in 54-bed General Hospital. 5-dy. wk. with sick leave & vacation. State Nurses Association pay scale. Write or phone McMinnville Hospital, Inc., McMinnville, Oregon.

Staff Nurses: Relocate to Sacramento, Calif. Sutter Community Hospitals, 440-beds, offer $340 per mo. starting salary, $25 per mo. for p.m. & night differential. Tenure salary increase plan, 40-hr. wk., Social Security & liberal employee benefit program. Write to Personnel Office.

Registered General Duty Nurses for modern 58-bed hospital in North Western Ontario Tourist area, midway Fort William & Winnipeg. Gross starting salary $270 per mo., consideration for past experience, excellent personnel policies. New nurses' residence, single rooms, $45 per mo. room & board. Wide variety of social & sport activities year round. Apply stating age, qualifications & when available to Director of Nursing, District General Hospital, Dryden, Ontario.

Assistant Director of Nursing Education & Surgical Clinical Instructor for 85-student School of Nursing, 200-bed hospital, good personnel policies. Apply Director of Nursing Education, St. Michael's Hospital, Lethbridge, Alberta.

Graduate Nurses (2) for general service. Send application with two (2) reference letters to Director of Nurses, Sanatorium Saint-Joseph, Saint-Basile, Madawaska County, N.B.

General Duty Nurse immediately for 10-bed hospital in Eastern Quebec community, starting salary $200 per mo. with regular increases, plus room & board, 44-hour week, recreational facilities, usual employee benefits. Apply to Box C, The Canadian Nurse Journal, 1522 Sherbrooke Street W. Montreal 25, Quebec.

CHARGE NURSE

(Psychiatric Ward)

required by

SASK. DEPT. OF PUBLIC HEALTH

for

MUNROE WING, REGINA

SALARY RANGE: $312 - $379.

REQUIREMENTS: Reg. N; supervisory experience, preferably administrative experience and some training or experience in psychiatric nursing; to take charge of the nursing program in this 33 bed psychiatric ward which is a centre for brief but intensive treatment of all but the most serious forms of psychiatric illness. Favorable staff/patient ratios, affiliation program for student nurses.

BENEFITS: Five day, forty hour week. Three weeks paid annual vacation and three weeks accumulative sick leave allowance. Excellent pension and life insurance plans.

APPLICATIONS: Forms may be obtained from Public Service Commission, Legislative Bldgs., Regina, Sask., and may be submitted for immediate consideration. Please quote File No. 5685.

VICTORIAN ORDER OF NURSES

GREATER MONTREAL BRANCH

Positions available on nursing staff — salaries in line with those of other public health organizations. Good personnel policies. Knowledge of French language not essential.

Apply: District Director

1246 BISHOP STREET, MONTREAL, QUE.

REGISTERED NURSES

OFFERED

Exceptional opportunity by progressive & fully accredited 200-bed Ohio Hospital. Regular salary increases, splendid housing & living quarters, paid tuition in college, paid vacations & liberal sick leave. Address all correspondence in confidence to

DOCTORS HOSPITAL, 12345
CEDAR ROAD, CLEVELAND HEIGHTS 6,
OHIO. PERSONNEL DIRECTOR.

THE ONTARIO SOCIETY FOR CRIPPLED CHILDREN

92 College St., Toronto 2

requires

Experienced Public Health Nurses

Good salary range & personnel policies

Apply:

SUPERVISOR OF NURSING SERVICES

IT'S NOT MAGIC!

Experience does the trick at HOPKINS

JOHNS HOPKINS **offers**

- *An exciting nursing career in a big and busy medical center.*
- *Staff nurse positions in all clinical fields, with notable opportunities for advancement.*
- *Liberal personnel policies, including Group Life Insurance and Retirement Income Plans.*

WRITE:

DIRECTOR OF NURSING SERVICE
THE JOHNS HOPKINS HOSPITAL
BALTIMORE 5, MARYLAND

Residence, Cook County School of Nursing

NURSES WHO LIVE HERE NEVER STOP LEARNING . . . GROWING

. . . THEY WORK AT

COOK COUNTY HOSPITAL

. . . in one of the Largest Most Stimulating Medical Centers in the World

Here's an opportunity to gain unique and valuable experience in a *public* hospital — world's largest for acute medical conditions. Cook County Hospital offers you the stimulation of working with more than 2,500 other doctors and nurses in one of the world's largest and most exciting medical centers. Housing is available at nominal cost. Salaries begin at *$340-$350 for a 37½ hour week.* And you're only minutes from Chicago's fabulous Loop and local universities.

Graduate Nurses! Write today to Director, Cook County School of Nursing, Dept. C., 1900 West Polk Street, Chicago 12, Illinois.

The Province of Manitoba

requires

AN ASSISTANT SUPERINTENDENT OF NURSING

for the Hospital for Mental Diseases, Selkirk, Manitoba.

Qualifications: Registered Nurse Preferably with Mental Nursing Certificate.

Duties: To assist the Superintendent of Nursing in the supervision and direction of nursing staff and to assist in the teaching program under the direction of the instructress of Nursing.

Salary Range: $3,480 — $4,380 per annum, less $300.00 per annum for full maintenance.

The above position offers full Civil Service benefits, liberal sick leave with pay, four weeks' vacation annually with pay and pension privileges.

Apply to:

MANITOBA CIVIL SERVICE COMMISSION

247 LEGISLATIVE BUILDINGS, WINNIPEG 1, MANITOBA.

THE WINNIPEG GENERAL HOSPITAL

IS RECRUITING

1. CLINICAL SUPERVISORS IN MEDICINE & SURGERY
2. GENERAL DUTY NURSES FOR ALL SERVICES

Please send applications direct to:

**THE DIRECTOR OF NURSING,
THE WINNIPEG GENERAL HOSPITAL,
WINNIPEG 3, MANITOBA.**

HOSPITAL NURSES REQUIRED FOR

**Ste Anne's Veteran's Hospital,
Ste Anne de Bellevue, P.Q.**

**$2,700-$3,150
and $3,120-$3,540**

Candidates must be graduates of an approved school of nursing and registered in a Province of Canada. Benefits include 5-dy. wk. 3-wk. vacation, sick leave, excellent pension plan, term insurance & optional hospital-medical coverage.

Residence accommodation available at nominal cost.

For details, write to

CIVIL SERVICE COMMISSION, OTTAWA.
Please quote competition 58-831.

PUBLIC HEALTH NURSES WANTED

For the Municipal Nursing Service & for Staff positions in Health Units.

Salary range — $3,000 - $4,140 per annum, depending on qualifications & experience.

Excellent holiday, sick leave & pension programs.

Apply to

**DIRECTOR, PUBLIC HEALTH NURSING,
DEPT. OF PUBLIC HEALTH,
GOVERNMENT OF ALBERTA,
ADMINISTRATION BLDG.,
EDMONTON, ALBERTA.**

SOUTH PEEL HOSPITAL

COOKSVILLE, ONTARIO

(12 miles west of Toronto)

Hospital opened May 15th, 1958

Head nurse with experience required for medical ward (30-bed unit).

Generous benefits, 40-hour work week.

For further particulars apply:

**DIRECTOR OF NURSING,
SOUTH PEEL HOSPITAL,
COOKSVILLE, ONTARIO.**

GRADUATE NURSES — SUBURBAN TORONTO

Are invited to enquire re: employment opportunities in a well-staffed new 125-bed hospital in suburban west Toronto. General duty salary range: $240-$290 per mo. Residence accommodation optional. Personnel manual forwarded on request. Enquire to:

DIRECTOR OF NURSING, HUMBER MEMORIAL HOSPITAL, 200 CHURCH ST. WESTON, TORONTO 15, ONTARIO. CHerry 4-5551.

CALIFORNIA

REGISTERED NURSES

(General Duty with opportunity for advancement)

New modern 112-bed General Hospital in dynamic college city in beautiful San Joaquin Valley only 2 hours from Los Angeles

Salary: $325 to begin. Differential for evening & nights.

5-day, 40-hr. wk. Progressive personnel policies.

Transportation costs to California will be reimbursed after 1-yr. service.

Send full particulars immediately to:

DIRECTOR OF NURSES, GREATER BAKERSFIELD MEMORIAL HOSPITAL
420 - 34TH STREET, BAKERSFIELD, CALIFORNIA

GENERAL DUTY NURSES

FOR ALL DEPARTMENTS

Gross salary $255 monthly ($117.50 bi-weekly) if registered in Ontario, $235 monthly ($108.20 bi-weekly) until registered. Annual increment $10 monthly ($4.60 bi-weekly) for three (3) years. Rotating periods of duty, 40-hr. per wk., 8 statutory holidays. 14-days vacation & 12-days leave for illness with pay after 1-yr. Pension plan available. Ontario Hospital Insurance with Blue Cross supplemental & Physicians' Services Incorporated, partial payment by hospital.

APPLY

DIRECTOR OF NURSING, GENERAL HOSPITAL, OSHAWA, ONTARIO.

GRADUATE STAFF NURSES — YOU WILL LIKE IT HERE

Opportunities for men & women on the service of your choice. A 953-bed teaching hospital with a friendly atmosphere, well planned orientation program, active graduate nurse club, cultural advantages & excellent transportation facilities.

Starting salary: $325 per mo. 6 holidays, sick leave, 3 wk. vacation.

For further details write:

Director — Nursing Service, University Hospitals of Cleveland, Ohio.

PUBLIC HEALTH NURSES GRADE (1)

British Columbia Civil Service

Positions available for qualified Public Health Nurses in various centres in B.C.

Salary: $290 rising to $345 per mo., car provided. An opportunity for interesting & challenging professional service in this beautiful & fast developing province. Competition No.: 58:511.

For information & application forms, write

THE DIRECTOR,
PUBLIC HEALTH NURSING, DEPT. OF HEALTH, VICTORIA, B.C. or
THE CHAIRMAN,
B.C. CIVIL SERVICE COMMISSION, 544 MICHIGAN STREET, VICTORIA, B.C.

REGINA GENERAL HOSPITAL

requires the following Nurse Personnel:

A.—Associate Director Nursing Service.

—Assistant Director Nursing Service.

B.—Nursing Arts Instructor.

—Instructor - Obstetrical Nursing.

Apply to:

DIRECTOR OF NURSING,
REGINA GENERAL HOSPITAL,
REGINA, SASKATCHEWAN.

KINGSTON GENERAL HOSPITAL

KINGSTON, ONTARIO

requires immediately

OPERATING ROOM SUPERVISOR

New Surgical Dept. under construction—capacity to be doubled —program includes cardiac & neurosurgery.

Preparation in Operating Room supervision & management essential.

Salary commensurate with preparation & experience.

APPLY: DIRECTOR OF NURSING

REGISTERED NURSES — $2,700-$3,540
(According to Qualifications)
CERTIFIED NURSING ASSISTANTS — $2,040-$2,400

SUNNYBROOK HOSPITAL
TORONTO

WESTMINSTER HOSPITAL
LONDON

Employees in both hospitals work a 5-dy. wk.

Application forms available at your nearest Civil Service Commission Office, or main Post Office, should be forwarded to the CIVIL SERVICE COMMISSION, 25 ST. CLAIR AVENUE EAST, TORONTO 7, as soon as possible.

VICTORIAN ORDER OF NURSES FOR CANADA

has Staff and Supervisory positions in various parts of Canada.

Personnel Practices Provide:

- Opportunity for promotion.
- Transportation while on duty.
- Vacation with pay.
- Retirement annuity benefits.

For further information write to:

Director in Chief,
Victorian Order of Nurses for Canada
5 Blackburn Ave., Ottawa 2, Ont.

UNIVERSITY HOSPITAL

SASKATOON, SASKATCHEWAN

Requires

General Staff Nurses for Medical, Surgical, Obstetrical and Pediatric Services. Forty hour week. Salary $250 to $290 gross per month. Differential for evening and night duty. Residence accommodation if desired.

Apply to:

DIRECTOR OF NURSING, UNIVERSITY HOSPITAL,
SASKATOON, SASKATCHEWAN

CENTRAL SUPPLY ROOM SUPERVISOR

required in January

Previous experience in central supply
Operating Room work or as Head Nurse is essential
Interesting position for the right person
Our present C.S.R. Supervisor is retiring at the end of the year
Good salary and personnel policies

For further information apply to:

THE DIRECTOR OF NURSES, GUELPH GENERAL HOSPITAL, GUELPH, ONT.

DIRECTOR OF NURSING

required for

100-bed hospital; located in busy town of 4000 people
very well equipped hospital offering a challenging future
to one qualified to meet the requirements.

Salary offered & qualifications desired are in accordance
with suggested R.N.A.O. schedules.

Apply: **ADMINISTRATOR, LADY MINTO HOSPITAL, COCHRANE, ONTARIO.**

Province of Manitoba

requires

AN INSTRUCTRESS OF NURSING

for the

Hospital For Mental Diseases
At Selkirk, Manitoba

Qualifications: Registered Nurse preferably with some Psychiatric training.

Duties: To assist the Superintendent of Nursing in the supervision and direction of nursing staff and to assist in the teaching program under the direction of the Instructress of Nursing.

Salary Range: $4020 to $5040 per annum, less $300.00 per annum for full maintenance.

The above position offers full Civil Service benefits, liberal sick leave with pay, four weeks vacation with pay annually, and pension privileges.

Apply to:

MANITOBA CIVIL SERVICE COMMISSION
247 Legislative Buildings, Winnipeg 1, Manitoba.

NORTHWEST REGIONAL HOSPITAL COUNCIL

requires a

NURSING CONSULTANT

DUTIES: To provide a consultative service in nursing to nineteen hospitals.

REQUIREMENTS: Eligible for Saskatchewan Registration with experience in nursing administration. Formal training in supervision or administration desirable.

SALARY: Within the range of $350 - $424 per month, depending on qualifications.

Apply:

H. L. LIVERGANT, REGIONAL HOSPITAL CO-ORDINATOR
NORTHWEST REGIONAL HOSPITAL COUNCIL
NORTH BATTLEFORD, SASKATCHEWAN.

Eye-Stopping New Dacron and Nylon Dresses

designed by Angelica UNIFORMS *for the busy "woman in white"*

(C) 8417 PSQ — Seersucker Nylon 9.95
(C) 8417 OK — Poplin 8.50
Set in Belts

(A) 8419 YQ — Dacron 13.60
(A) 8419 OK — Poplin 8.50
Pin Tucks

(B) 8418 YQ — Dacron 13.60
(B) 8418 OK — Poplin 8.50
Stitched Down Pleats

Mail orders promptly filled

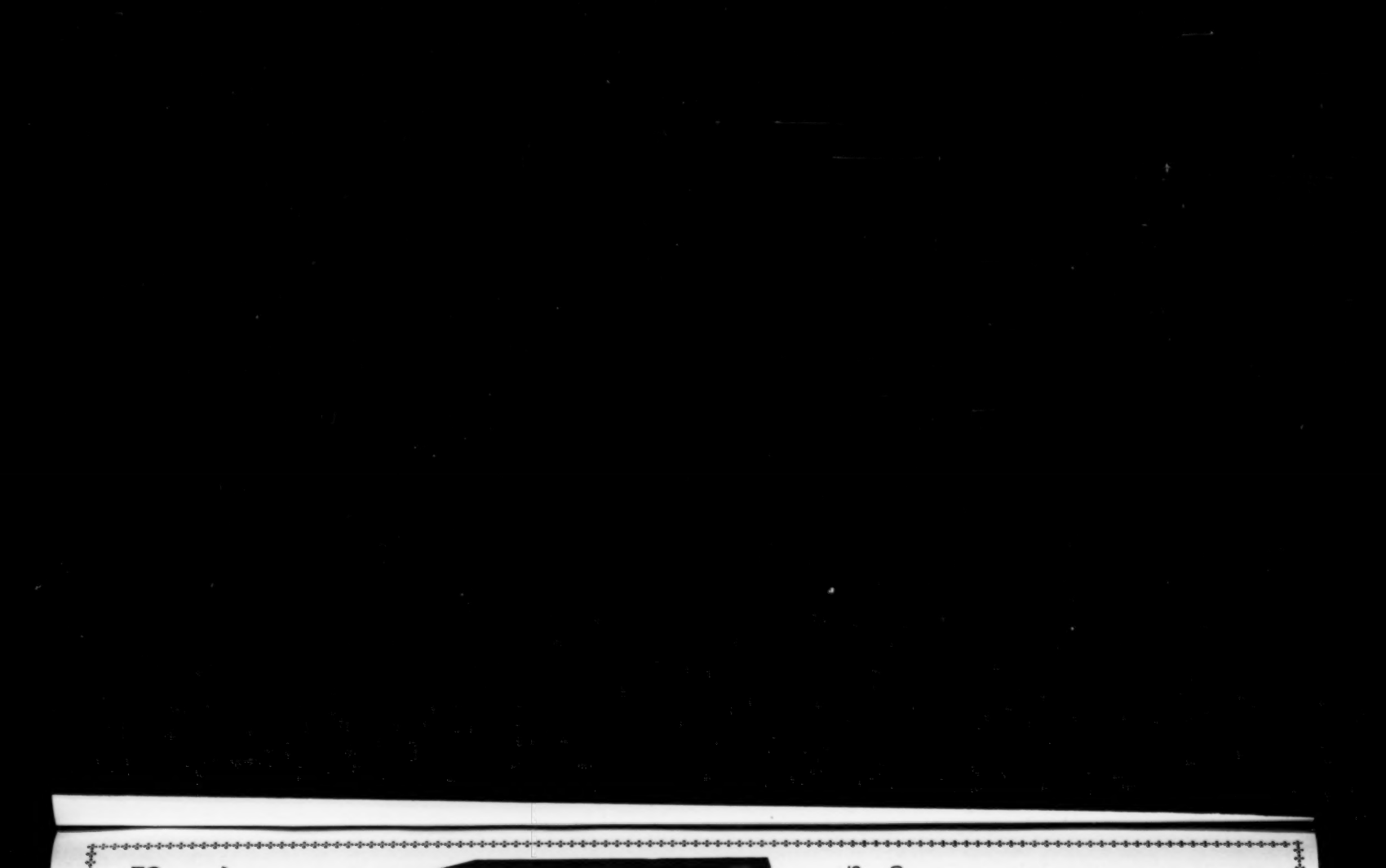
Sizes on this page: 30 to 46

Note — add 10% for federal tax

NOTE: We make any hospital regulation uniform desired and will appreciate enquiries. (New styles, new catalogue available)

Chez Cora Limited
1526 CRESCENT ST.
MONTREAL 25, QUE.

Angelica Great Since 1878



FOR THE NORMAL INFANT

LACTOGEN

PRESCRIBE WITH CONFIDENCE

✳ SAFE

✳ SIMPLE

✳ MODIFIED MILK

Meeting vital nutritional needs, Lactogen provides more protein and vitamin B^6 in its natural form than breast milk, plus added vitamins A and D and organic iron.

The economical all milk formula in powdered form designed especially for the normal infant.

SIMPLY ADD WATER

QUALITY NESTLÉ SECURITY

Samples and literature available: sent upon request.

NESTLÉ (CANADA) LTD., Professional Products Dept.
27 Carlton Street, Toronto, Ontario

L 58-1

Sound moral and spiritual guidance for nurses . . .

PRINCIPLES OF ETHICS

By Dom Thomas Verner Moore, M.D., PH.D.
Completely Revised by
Dom Gregory Stevens, S.T.D.

The NEW 5th Edition of a perennial choice of nurses of all faiths. In it the nurse finds moral and spiritual guidance to a richer, more rewarding life of usefulness and inspiration to others. Typical chapters discuss medical ethics, principles of married life, the morality of sexual life, fundamental principles of religion, civil law and the nurse, justice and the individual's rights.

Teacher, priest and graduate physician, Father Moore was prior of a Benedictine monastery, co-founder of St. Anselm's Priory at Catholic University, Director of the Clinic for Mental and Nervous Diseases at Providence Hospital (now the Child Center at Catholic University). He studied at Fordham University and St. Francis Xavier College, received his Ph.D. from Catholic University, headed their Department of Psychology and Psychiatry, studied in Leipzig and Munich, received his M.D. at Johns Hopkins, and received the Benedictine habit at Fort Augustus, Scotland. At 70 he joined the Carthusians and since 1950 he has been engaged in founding the Carthusian Order in the United States. Father Stevens is a member of the Department of Religious Education at the Catholic University of America and Professor of Moral Theology at St. Anselm's Priory.

This new 5th Edition has been largely rewritten in accordance with the most recent interpretations of moral philosophy, and constant reference is made to the nursing profession throughout. Questions and problems relevant to the life and work of the nurse are presented at the end of each chapter so she may realize the practical value and constant application of ethical principles in her personal and professional activities.

282 Pages **New 5th Edition, 1958** **$6.00**

J. B. LIPPINCOTT COMPANY, 4865 Western Avenue, Montreal 6, P.Q.

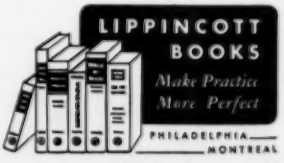
Please enter my order and send me:

☐ **PRINCIPLES OF ETHICS**..... **$6.00**

☐ Charge and Bill Me Later
☐ Payment Enclosed

NAME .....

ADDRESS .....

CITY ..... ZONE ..... PROV. .....

CN—12-58